

173-4A

Department of
Health & Mental
Hygiene, Vital Records
Birth Certificates
Baltimore City

STATE OF MARYLAND

FILE ARRANGEMENT

Numerical Order

*Some Birth Certificates
are missing at time of
filming and have been
Lost*

STATE OF MARYLAND

CERTIFICATION

This is to certify that the microphotographs appearing
on this reel are accurate and complete reproductions of the file

Birth Certificates Baltimore City

(Name of file)

of DHMH Vital Records.

(Agency)

This microfilming is being performed with the assistance
of the Hall of Records Commission, Records Management Division.
(Chapter 436, Acts of 1953).

Sunkild D Bolander

Date July 27, 1978

STATE OF MARYLAND

RETURN OF A BIRTH. 57839

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3d*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *15th of November 1893*

4. Place of Birth, (Street and Number) *1412 Archer St. Lowest Point*

5. Full Name of Mother, *Magdalene Pagel*

6. Mother's Maiden Name, *Magdalene Voll*

7. Mother's Birthplace, *W. t. Reichenbach (Hessen) Germany*

8. Full Name of Father, *Ferdinand Pagel*

9. Father's Occupation, *Fireman*

10. Father's Birthplace, *Stolpe Pommern Germany*

Name of Medical Attendant, or other person who makes this Return, *Lincoln White*

Address, *1243 Hall St. Lowest Point*

Remarks,

18930004088

CORRECTION

The preceding document has been re-
photographed to assure legibility and its
image appears immediately hereafter.

STATE OF MARYLAND

HR-RM 22
(4-1-64)
Hall of Records Commission

RETURN OF A BIRTH. 51836

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

o of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second.*

1. Sex, (state whether male or female) *Male.*

2. Race or Color, (if not of the white race) *Black (African-American)*

3. Date of Birth, *Nov. 18th 1893,*

4. Place of Birth, (Street and Number) *# 14 S. Duncan Alley.*

5. Full Name of Mother, *Addie Johnson.*

6. Mother's Maiden Name, *Addie Stokes.*

7. Mother's Birthplace, *Annapolis Maryland.*

8. Full Name of Father, *John Johnson.*

9. Father's Occupation, *Clockman.*

10. Father's Birthplace, *Calvert County Maryland.*

Name of Medical Attendant, or other person who makes this Return, *Dr. John Davis*

Address, *# 2102 Orleans St.*

Remarks, *Natural delivery.*

30004085

RETURN OF A BIRTH. 57837

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Nov 18th 1893

4. Place of Birth, (Street and Number)

208 Hickox Ave. Hampden

5. Full Name of Mother,

Kate Irene Cross

6. Mother's Maiden Name,

Kate Irene Tracey

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Millard F. Cross

9. Father's Occupation,

Employee in weaving room, Cotton Factory

10. Father's Birthplace,

Balt. Co. Md.

Name of Medical Attendant, or other person who makes this Return,

Geo. T. Shower, M.D.

Address,

421 Roland Ave. Hampden

Remarks,

8930004086

RETURN OF A BIRTH. 51838

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Child to report its birth to the Commissioner of Health, in the manner and within the period above required, and only such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to be recovered as other fines and forfeitures are recoverable, excepted to the fine of ten (10) dollars for each offence.

1. Sex, (state whether 1st, 2d, 3d, &c.) *male*
 2. Race or Color, (if not of the white race) *white*
 3. Date of Birth, *Nov 18 1893*
 4. Place of Birth, (Street and Number) *808 J Poca*
 5. Full Name of Mother, *May Bartlett*
 6. Mother's Maiden Name, *Simmons*
 7. Mother's Birthplace, *Maryland*
 8. Full Name of Father, *Geo J Bartlett*
 9. Father's Occupation, *Car driver*
 10. Father's Birthplace, *Baltimore*
 Name of Medical Attendant, or other person who makes this Return, *Geo R Latham*
 Address, _____
 Remarks, _____

1 8 9 3 0 0 0 4 0 8 7

RETURN OF A BIRTH.

57840

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child to report its birth to the Registrar of Vital Statistics, and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

November 18, 1893.

4. Place of Birth, (Street and Number)

828 Second ave.

5. Full Name of Mother,

Margaret Miller

6. Mother's Maiden Name,

Applegate

7. Mother's Birthplace,

Ind.

8. Full Name of Father,

William Albert Miller

9. Father's Occupation

Assistant Superintendent Lockport

10. Father's Birthplace,

Ind.

Elmwood 12

Name of Medical Attendant, or other person who makes this Return

Alfred H. Mitchell Jr.

Address,

291 Chestnut ave.

Remarks,

6930001089

RETURN OF A BIRTH. 51841

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Penalties upon the Registrar, under penalty of fine, to be recovered as other fines and forfeitures are recoverable, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

I

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

18 November

4. Place of Birth, (Street and Number)

Garret. Av. 1470

5. Full Name of Mother,

Henriette Berhmann

6. Mother's Maiden Name,

"

Kadtke

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Hermann Berhmann

9. Father's Occupation,

Labour

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return,

Dr. W. W. W.

Address, Hull St. 1331 L. P.

Remarks,

8930004090

RETURN OF A BIRTH 51842

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

November 18/92

4. Place of Birth, (Street and Number)

1523 Jefferson St

5. Full Name of Mother,

Lottie A. Poole

6. Mother's Maiden Name,

Lottie J. Smith

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Chas. P. Poole

9. Father's Occupation,

Printer

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other person who makes this Return.

Agnes Eble

Address,

1207 E. Lexington St

Remarks,

Attendance upon the mother immediately thereafter, shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

8930004091

RETURN OF A BIRTH. 51843

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

10. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.
1. Sex, (state whether male or female) Male,
2. Race or Color, (if not of the white race) White,
3. Date of Birth, November 18th,
4. Place of Birth, (Street and Number) No. 1000 W. Lexington St.
5. Full Name of Mother, Clemia Voyes
6. Mother's Maiden Name, Wheeler
7. Mother's Birthplace, Balto. Co.,
8. Full Name of Father, Walter Voyes
9. Father's Occupation, Telegraph Linesman
10. Father's Birthplace, Balt Co.,
- Name of Medical Attendant, or other person who makes this Return, Dr. J. C. [Signature]
- Address, No 721 Columbia Ave.
- Remarks, _____

8 9 3 0 0 0 4 0 9 2

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to a fine of not less than ten nor more than twenty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 51844

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov 18

4. Place of Birth, (Street and Number)

622 W Lombard St

5. Full Name of Mother,

James Blume

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who made this return,

L. W. Larned, M.D.

Address,

622 W Lombard Street

Remarks,

1 8 9 3 0 0 0 4 0 9 3

child to report its birth to the Commissioner of Health, in the manner and within the period prescribed, and any person who fails to do so shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 57845

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 10 1892

4. Place of Birth, (Street and Number) 243 Madison Ave

5. Full Name of Mother, Mary E. Carlin

6. Mother's Maiden Name, Farmer

7. Mother's Birthplace, Towson Co. Md

8. Full Name of Father, Albert H. Carlin

9. Father's Occupation, Merchant

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Chas E. Smith

Address,

Remarks,

8930004094

any such person or persons who shall hereafter fail to comply with the provisions of this act shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 51846

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth.

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

November 18. - 93.

4. Place of Birth, (Street and Number)

226 Bown Court.

5. Full Name of Mother,

Corilla Crawford.

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

or other person who makes this Return

W. B. Stone M.D.
627 Lombard Street

Remarks,

8930004095

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense; to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

51847

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st.

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Nov 19/93.

4. Place of Birth, (Street and Number)

1309 Baker St.

5. Full Name of Mother,

Maria Agnes Greene.

6. Mother's Maiden Name,

Grady.

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

James E. Greene.

9. Father's Occupation

Painter

10. Father's Birthplace,

Balt.

Name of Medical Attendant, or other person who makes this Return,

D. J. H. Christian.

Address,

Remarks,

6930004096

RETURN OF A BIRTH. 57848

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, November 19, 1893.

4. Place of Birth, (Street and Number) 6 Hill St.

5. Full Name of Mother, Barbara Emma Doctor

6. Mother's Maiden Name, Fitch.

7. Mother's Birthplace, Ind.

8. Full Name of Father, Joseph E. Doctor

9. Father's Occupation, Engine Hauler.

10. Father's Birthplace, Ind.

Name of Medical Attendant, or other person who makes this Return, Chas H. Mitchell M.D.

Address, 291 Chestnut Ave.

Remarks, 8930004097

child to report its birth to the Registrar of Health, in the manner and within the period above required, and
any person or persons who fail to comply with the provisions of this act shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH. 57849

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *W*

3. Date of Birth, *Nov 19 - 93*

4. Place of Birth, (Street and Number) *2 Washington Street*

5. Full Name of Mother, *Mary Elizabeth Mettars*

6. Mother's Maiden Name, *Mary E. Bushen*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Joel Mettars*

9. Father's Occupation, *Fig Sawyer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *Edmund Clifton M.D.*

Address, *316 E. North Ave.*

Remarks, *8930004098*

RETURN OF A BIRTH. 51850

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth child
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, 19th of November
 4. Place of Birth, (Street and Number) Hamden Balt. City 523. 9th ave
 5. Full Name of Mother, Mary E. Gladfelter
 6. Mother's Maiden Name, Mary E. Becker
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, Wm E. Gladfelter
 9. Father's Occupation, Engineer
 10. Father's Birthplace, Baltimore County
 Name of Medical Attendant, Mrs Martha E. King
 Address, 575 Hickory ave. Balt.
 Remarks, 18930004099

RETURN OF A BIRTH. 57857

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sunday November 19-1883

4. Place of Birth, (Street and Number) Baltimore Maryland 2914 Elio

5. Full Name of Mother, Mary Heisenrader

6. Mother's Maiden Name, Mary McDuff

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, George Heisenrader

9. Father's Occupation Laborer

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Miss R. Lierse mann

Address, 1225 1/2 Ave Street

Remarks,

8930004100

shall be subject to report the birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 51852

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
 Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) _____
 3. Date of Birth, *Nov 19 - 93*
 4. Place of Birth, (Street and Number) *421 N. Caroline*
 5. Full Name of Mother, *Emma V. Schmalz*
 6. Mother's Maiden Name, *" Thompson*
 7. Mother's Birthplace, *Balt*
 8. Full Name of Father, *George W. Schmalz*
 9. Father's Occupation, *Carpenter*
 10. Father's Birthplace, *Balt*
 Name of Medical Attendant, or other person who makes this Return, *Mrs. Mary A. Allwell*
 Address, *1438 N. Bond.*
 Remarks, _____

8930004101

RETURN OF A BIRTH. 51853

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8930004102

any such person or persons who shall hereafter fail to recover as other fines and forfeitures are recoverable
 10 dollars for each offense, to be recovered as other fines and forfeitures are recoverable
 10 dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Persons who fail to report as herein required, and who are convicted of this offense, shall be subject to a fine of not less than ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8930004103

Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And he is further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose sign or seal of office or superintendence in that behalf authorized by the Board of Health, shall keep a book or notebook, in which shall be entered a list of the births which have occurred in the City of Baltimore, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner of midwifery, to the Commissioner of Health, on or before the first day of each and every month, and the Commissioner of Health, in case the birth of any child shall occur on the last day of any month, shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Caucasian

3. Date of Birth,

Sept 2, 1898

4. Place of Birth, (Street and Number)

Baltimore Plum Alley 100

5. Full Name of Mother,

Kansiah Williams

6. Mother's Maiden Name,

Hannah Jackson

7. Mother's Birthplace,

Belt County Md

8. Full Name of Father,

George William

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Christiana Sussex County

Name of Medical Attendant, or other person who makes this Return,

Annie Johnson

Address,

Remarks,

RETURN OF A BIRTH. 518

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of not more than \$100, or imprisonment for not more than 30 days, or both, at the discretion of the court.

1. Sex, (state whether male or female)

First Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

November 7

4. Place of Birth, (Street and Number)

1030 Penna. Ave
Kali Staff

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

or other person who makes this Return.

O. B. Stone M.D.
222 Lombard Street

Address.

2, 8,

8930004105

RETURN OF A BIRTH. 51855

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3-4

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 19th Nov 1893

4. Place of Birth, (Street and Number) 2012 E Biddle St

5. Full Name of Mother, Annie White

6. Mother's Maiden Name, " Maleny

7. Mother's Birthplace, Nova Scotia

8. Full Name of Father, John B White

9. Father's Occupation, Contractor

10. Father's Birthplace, New Hampshire

Name of Medical Attendant, or other person who makes this Return, Mrs Julia Groome

Address, 1944 N Gay St

Remarks,

1 8 9 3 0 0 0 4 1 0 6

RETURN OF BIRTH. 57856
 GIVEN NAME ADDED, 4-30-63
 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Ethel Rose Leach
 No. of Child of Mother, (state whether 1st, 2d, 3d, 4th, etc.)
 Sex, (state whether male or female) Female
 Race or Color, (if not of the white race) White
 Date of Birth, April 19
 Place of Birth, (Street and Number) Belverton Road 829
 Full Name of Mother, Hannah Leach
 Mother's Maiden Name, Hannah Holloway
 Mother's Birthplace, London England
 Full Name of Father, George Leach
 Father's Occupation, Stone Mason
 Father's Birthplace, Winton's Burg England
 Name of Medical Attendant, or other person who makes this Return, Mary J. Penney
 Address, 2844 Lanvale St
 Remarks,

8930004107

RETURN OF A BIRTH. 51857

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second Female

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. Date of Birth,

November 19. - 93.

4. Place of Birth, (Street and Number)

25 Vincent alley

5. Full Name of Mother,

Ami Camper.

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

R. M. Leonard M.D.

Address,

622 W. Lombard street.

Remarks,

18930004108

acted to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 51858

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3^d

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Nov 20 1893

4. Place of Birth, (Street and Number) 1188, Hancock St

5. Full Name of Mother, Teresa M.

6. Mother's Maiden Name, Damer

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Frank M.

9. Father's Occupation, Silverbeater

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Leo R. Hahner

Address,

Remarks,

1 8 9 3 0 0 0 4 1 0 9

RETURN OF A BIRTH. 51859

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) /

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) -

3. Date of Birth, 20. Apr

4. Place of Birth, (Street and Number) 828 E. Caroline St

5. Full Name of Mother, Lizzie Borden

6. Mother's Maiden Name, Klein

7. Mother's Birthplace, Pa. H.

8. Full Name of Father, L. Borden

9. Father's Occupation, Laborer

10. Father's Birthplace, Massachusetts

Name of Medical Attendant, or other person who makes this Return, Wm. P. Albright

Address, 1802 E. Lexington St.

Remarks, -

1 8 9 3 0 0 0 4 1 1 0

any other person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 51860

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to be recovered as other fines and forfeitures are recoverable, excepted to the fine of ten (10) dollars for each offense.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex. (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth. (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

6930004111

RETURN OF A BIRTH

51861

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: *John Conrad*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

Sex, (State whether male or female) *male*

Race or color, (if not of the white race) *White*

Date of Birth, *November 20th 1893*

Place of Birth, (Street and Number) *2225 W. Henry St.*

Full Name of Mother, *Anie M. Weber*

Mother's Maiden Name, *Anie M. Meyer*

Mother's Birthplace, *Germany*

Full Name of Father, *Jacob Weber*

Father's Occupation, *Driver*

Father's Birthplace, *Germany*

Name of Medical Attendant, or other person who makes this Return *Mary Kestler*

Address, *105 Groves St*

Remarks, *18930004112*

jected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

51863

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
- Sex, (state whether male or female) *Female.*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Nov 20, 1898.*
4. Place of Birth, (Street and Number) *104 Rose St*
5. Full Name of Mother, *Minnie Shreef.*
6. Mother's Maiden Name, *Minnie Burk.*
7. Mother's Birthplace, *Germany.*
8. Full Name of Father, *John Shreef.*
9. Father's Occupation, *Sailor*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other person who makes this Return, *Mary L. Swayne*
- Address, *824 Broad St.*
- Remarks, _____

8930004114

RETURN OF A BIRTH. 51864

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth. (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

6930004115

RETURN OF A BIRTH.

51865

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 20 November

4. Place of Birth, (Street and Number) Curtis Av. 806

5. Full Name of Mother, Anna Petersen

6. Mother's Maiden Name, " Benson

7. Mother's Birthplace, Germany

8. Full Name of Father, L. P. Petersen

9. Father's Occupation, Restaurant

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, H. H. M. J. M. J.

Address, 1331 S. P.

Remarks,

8930004116

RETURN OF A BIRTH. 51866

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th Child
 Sex, (state whether male or female) Girl
 Race or Color, (if not of the white race) White
 Date of Birth, 20 November 1893
 Place of Birth, (Street and Number) 1105 Law St.
 Full Name of Mother, Jeta Liegler
 Mother's Maiden Name, Jeta Weirich
 Mother's Birthplace, Russia
 Full Name of Father, Lois Liegler
 Father's Occupation, Tailor
 Father's Birthplace, Russia
 Name of Medical Attendant, or other person who makes this Return.
 Address, 1242 E. Eldridge St.
 Remarks, Maria Elias
 1484 18930004117

Note: In the case of a stillborn child, the name of the child, the date of birth, and the place of birth, are to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 51867

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

2. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female).

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

November 20

4. Place of Birth, (Street and Number)

1111 Ridgely St.

5. Full Name of Mother,

Sarah Porter

6. Mother's Maiden Name,

—

7. Mother's Birthplace,

—

8. Full Name of Father,

—

9. Father's Occupation

—

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return

O B Stone M.D.

Address,

622 W Lombard Street

Remarks,

18930004118

RETURN OF A BIRTH.

51868

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third.

1. Sex, (state whether male or female)...

Male.

2. Race or Color, (if not of the white race)...

White.

3. Date of Birth,...

November 20. 93.

4. Place of Birth, (Street and Number)...

Cumberland Court.
Luis Mercet.

5. Full Name of Mother,...

6. Mother's Maiden Name,...

7. Mother's Birthplace,...

8. Full Name of Father,...

9. Father's Occupation,...

10. Father's Birthplace,...

Name of Medical Attendant, or other person who makes this Return.

W. Leonard M.D.

Address,...

622 W. Lombard Street.

Remarks,...

8930004119

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 518.69

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Nov. 2nd 1893*
4. Place of Birth, (Street and Number) *827 Montford Ave*
5. Full Name of Mother, *Clara B. Bennett*
6. Mother's Maiden Name, " " *Funk*
7. Mother's Birthplace, *Balto City*
8. Full Name of Father, *Wm. B. Bennett*
9. Father's Occupation, *Capt. of Yacht*
10. Father's Birthplace, *Maryland*
- Name of Medical Attendant, or other person who makes this Return, *W. H. Schwartz M.D.*
- Address, *2427 Lancaster St*
- Remarks,

18930004120

Given name added 3-27-49

RETURN OF A BIRTH.

51870

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex, (state whether male or female) *female* LINA JOHANNA KATHARINA
LETTOW
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *21 of Nov*
4. Place of Birth, (Street and Number) *209 Windsor Street*
5. Full Name of Mother, *Käthe Lettow*
6. Mother's Maiden Name, *= Weid*
7. Mother's Birthplace, *Polen*
8. Full Name of Father, *Ludwig Lettow*
9. Father's Occupation, *Labels*
10. Father's Birthplace, *Bremen (Germ)*
- Name of Medical Attendant, or other person who makes this Return, *Mrs. C. Weiss*
- Address, *2522 Lancaster St.*
- Remarks,

8 9 3 0 0 0 4 1 2 1

RETURN OF A BIRTH. 51871

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Frederick Martin Kipp, Jr.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov. 21/93

4. Place of Birth, (Street and Number)

410. S. Ann St.

5. Full Name of Mother,

Amie Kipp

6. Mother's Maiden Name,

Biedner

7. Mother's Birthplace,

Balto.

8. Full Name of Father,

Fred. Kipp

9. Father's Occupation

Latimer

10. Father's Birthplace,

Balto.

Name of Medical Attendant, or other person who makes this Return.

Address,

OLD NAME ADDED

4-8-53

Mrs. Deisenhofer

Remarks,

2225 1122 at

RETURN OF A BIRTH. 51872

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 21st Nov

4. Place of Birth, (Street and Number) 521 Ross St

5. Full Name of Mother, Eva Fischer

6. Mother's Maiden Name, Frances

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Fischer

9. Father's Occupation, Carpenter

10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return, Mrs E. Weiss

Address, 2522 Lancaster St

Remarks,

6 9 3 0 0 0 1 2 3

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 51873

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3th
- Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 22 of Nov
4. Place of Birth, (Street and Number) 2529 Lancaster St.
5. Full Name of Mother, Mary Baber
6. Mother's Maiden Name, Hammernan
7. Mother's Birthplace, Balte
8. Full Name of Father, Harry Baber
9. Father's Occupation, Labaler
10. Father's Birthplace, Baber
- Name of Medical Attendant, or other person who makes this Return, Mr. C. Weiss
- Address, 2529 Lancaster St.
- Remarks,

1 8 9 3 0 0 0 4 1 2 4

RETURN OF A BIRTH. 51874

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) female

Race or Color, (if not of the white race) white

Date of Birth, 31 November

Place of Birth, (Street and Number) Backus St. 1427.

Full Name of Mother, Emma Roth.

Mother's Maiden Name, " Copriva

Mother's Birthplace, Baltimore

Full Name of Father, Charles Roth

Father's Occupation, Steam baker

Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. W. J. M. J. M.

Address, Hull St 1331 Locust Point

Remarks,

8930004125

RETURN OF A BIRTH. 51875

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
- Sex, (state whether male or female) Male
- Race or Color, (if not of the white race) White
- Date of Birth, Nov 21, 1893
- Place of Birth, (Street and Number) 13026 Baltimore St.
- Full Name of Mother, Mary Orsell
- Mother's Maiden Name, Mary Smith
- Mother's Birthplace, Balt.
- Full Name of Father, William Orsell
- Father's Occupation, Produce Dealer
- Father's Birthplace, Balt.
- Name of Medical Attendant, or other person who makes this Return, Mary L. Swaine
- Address, 824 Canton St.
- Remarks,

18930004126

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 57876

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered by other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) W
 3. Date of Birth, Apr 21
 4. Place of Birth, (Street and Number) 574 Campbell St
 5. Full Name of Mother, Mary Pollock
 6. Mother's Maiden Name, Powell
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, William Pollock
 9. Father's Occupation Laborer
 10. Father's Birthplace, Baltimore
 Name of Medical Attendant, or other person who makes this Return, Dr. H. H. Hargrave
 Address, 112 Scott St
 Remarks,

1 8 9 3 0 0 0 4 1 2 7

RETURN OF A BIRTH. 51877

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, November 21, 1893.

4. Place of Birth, (Street and Number) 720 Church St.

5. Full Name of Mother, Ann Matilda Ament.

6. Mother's Maiden Name, Naylor.

7. Mother's Birthplace, Ind.

8. Full Name of Father, George Wesley Ament.

9. Father's Occupation, Plasterer.

10. Father's Birthplace, Ind.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut av.

Remarks, 18930004128

RETURN OF A BIRTH. 57878

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

November 21, 1893.

4. Place of Birth, (Street and Number)

312 Elm St.

5. Full Name of Mother,

Agnes Wendford Puzoy.

6. Mother's Maiden Name,

Brooks.

7. Mother's Birthplace,

Ind.

8. Full Name of Father,

John Melchior Puzoy.

9. Father's Occupation

Carpenter.

10. Father's Birthplace,

Ind.

Name of Medical Attendant, or other person who makes this Return.

Chas. H. Mitchell M.D.

Address,

291 Chestnut Ave.

Remarks,

18930004129

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 51879

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First.

1. Sex, (state whether male or female).

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth.

November 21-93.

4. Place of Birth, (Street and Number)

519 North Ave.

5. Full Name of Mother,

Mary Mabel.

6. Mother's Maiden Name,

—

7. Mother's Birthplace,

—

8. Full Name of Father,

—

9. Father's Occupation

—

10. Father's Birthplace,

—

Name of Medical Attendant,

or other person who makes the return

R. M. M. M.D.

Address,

622 N. Lombard St.

Remarks,

1 8 9 3 0 0 0 4 1 3 0

RETURN OF A BIRTH. 5/880

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Caucasian

3. Date of Birth,

November 21

4. Place of Birth, (Street and Number)

210 Rock Spring

5. Full Name of Mother,

Lizzie Jarvis

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

or other person who makes this Return

O. B. Lowe, M.D.

Address,

622 W. Lombard Street

Remarks,

8930004131

RETURN OF A BIRTH. 57881

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second.

1. Sex, (state whether male or female)

Female.

2. Race or Color, (if not of the white race)

White.

3. Date of Birth.

November 21-

4. Place of Birth, (Street and Number)

622 W Lombard Street

5. Full Name of Mother,

Lizzie Hoffman.

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Orville Stone Ind

Name of Medical Attendant, or other person who makes the return.

Address,

622 W Lombard Street.

Remarks,

18930004132

Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 51882

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Black*

3. Date of Birth, *Nov. 21st 1893*

4. Place of Birth, (Street and Number) *Wm. Loring - in Hospital*

5. Full Name of Mother, *Priscilla Belle*

6. Mother's Maiden Name, *"*

7. Mother's Birthplace, *Sulco*

8. Full Name of Father, *Unknown*

9. Father's Occupation, *Unknown*

10. Father's Birthplace, *Unknown*

Name of Medical Attendant, or other person who makes this Return, *J. P. Brown M.D.*

Address, *Eager & Wilson*

Remarks, _____

1 8 9 3 0 0 0 1 1 3 3

RETURN OF A BIRTH. 57883

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
 Sex, (state whether male or female) Male
 Race or Color, (if not of the white race) White
 Date of Birth, 21 November 1893
 Place of Birth, (Street and Number) Belair Ave #1504
 Full Name of Mother, Alice Johnson
 Mother's Maiden Name, Alice Biegler
 Mother's Birthplace, Pennsylvania
 Full Name of Father, Benjamin Johnson
 Father's Occupation, Laborer
 Father's Birthplace, Baltimore
 Name of Medical Attendant, or other person who makes this Return, M. Bruns
 Address, 16 - 0 N. Chester St.
 Remarks,

1 6 9 3 0 0 0 4 1 3 4

RETURN OF A BIRTH. 57884

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

21 November

Garrison Lane near Franklin St.

Elizabeth Hergeshem

" " Fischbach

Baltimore

J. Harry Hergeshem

Instrument Maker

Germany

Karl H. Mierck

200 Madison Hall St

18930004135

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

51885-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov. 22/1883

4. Place of Birth, (Street and Number) 1707 Canton Ave.

5. Full Name of Mother, Louise Osburn

6. Mother's Maiden Name, Ferr

7. Mother's Birthplace, Balto.

8. Full Name of Father, John Osburn

9. Father's Occupation, Laborer

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Seisenhofer

Address, 2255 E. State

Remarks, 18930004136

RETURN OF A BIRTH. 51886

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Nov. 23 - 1893

4. Place of Birth, (Street and Number) 322 S. Madeira St.

5. Full Name of Mother, Jennie Getz

6. Mother's Maiden Name, Heininger

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Getz

9. Father's Occupation, Laborer

Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this return, Mary Stein

Address, 1427 E. Pratt St.

Remarks, 18930004137

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 51887

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 22 of Nov

4. Place of Birth, (Street and Number) 2206 Fayette St.

5. Full Name of Mother, Mary Geese

6. Mother's Maiden Name, Roberts

7. Mother's Birthplace, Pennsylvania Md.

8. Full Name of Father, Augustus Geese

9. Father's Occupation, Police

10. Father's Birthplace, Pennsylvania Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. G. Weiss

Address, 2522 Lancaster St.

Remarks,

8 9 3 0 0 0 4 1 3 8

RETURN OF A BIRTH. 57888

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race)

3. Date of Birth, 22 Oct 1893

4. Place of Birth, (Street and Number) 402 E Madison St

5. Full Name of Mother, Virgil Marshafsky

6. Mother's Maiden Name, Jane

7. Mother's Birthplace, Russia

8. Full Name of Father, Isaac Marshafsky

9. Father's Occupation, Tailor

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Abner Rose Allrig

Address, 1309 E Lexington St

Remarks.

18930004139

ected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 57889

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether 1st, 2d, 3d, &c.)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov 22nd - 1893

4. Place of Birth, (Street and Number)

2023 Oak St

5. Full Name of Mother,

Minnie Theresa Chack

6. Mother's Maiden Name,

Minnie Theresa Smith

7. Mother's Birthplace,

Rio Janeiro Brazil

8. Full Name of Father,

Ambrose Chack

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Edmund Clifton M.D.

Address,

316 E North Ave.

Remarks,

Right O.I. posterior presentation and delivery under
anesthetic - Child's respiration established by Schultz method
when other means failed. Both done well.

RETURN OF A BIRTH.

51890

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 5.

1. Sex, (state whether male or female)..... female

2. Race or Color, (if not of the white race)..... white

3. Date of Birth,..... 22 November

4. Place of Birth, (Street and Number)..... Louisiane Frank.

5. Full Name of Mother,..... Loeffler

6. Mother's Maiden Name,..... Germany

7. Mother's Birthplace,..... Conrad Frank

8. Full Name of Father,..... Loebe

9. Father's Occupation,.....

10. Father's Birthplace,..... Germany

Name of Medical Attendant, or other person who makes this Return,..... H. W. M. J.

Address,..... 1331 L. St.

Remarks,

18930004141

RETURN OF A BIRTH. 51891

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, November 23 1891

4. Place of Birth, (Street and Number) 212 E. Cross St

5. Full Name of Mother, Josephine Heidag

6. Mother's Maiden Name, Josephine Denhardt

7. Mother's Birthplace, Germany

8. Full Name of Father, Heinrich Heidag

9. Father's Occupation, Cigar Maker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, C. A. Brooks

Address, 1828 Light St

Remarks, Doing Well

0 9 3 0 0 0 4 1 4 2

RETURN OF A BIRTH. 51893

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) V

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov. 23, 1903

4. Place of Birth, (Street and Number) 522 N. Castle str.

5. Full Name of Mother, Louise Briegeman

6. Mother's Maiden Name, " Schmitt

7. Mother's Birthplace, Balto.

8. Full Name of Father, Chas. Briegeman

9. Father's Occupation, Clerk

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Dr. Weisenhofer

Address, 2225 Grand Ave.

Remarks, 693000143

RETURN OF A BIRTH.

51893

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov. 23rd 1893

4. Place of Birth, (Street and Number)

Inf. lying - in Hospital

5. Full Name of Mother,

Barbara Herbig

6. Mother's Maiden Name,

7. Mother's Birthplace,

Balto

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

or other person who makes this Return.

Address,

Remarks,

J. C. Crouch M.D.
Eager Wilcox

3930094144

RETURN OF A BIRTH. 51894

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

9th
Male ~~Female~~

November 23rd

210 S. Vincent St

Ellary Jane Schmidt

Ellary Jane McEllan

Baltimore

John W. Schmidt

Reiner

Baltimore

Annie Lindner

10106 S. Monroe St.

51894

RETURN OF A BIRTH. 51895-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6d
 Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) _____
 3. Date of Birth, 29 of November 1893
 4. Place of Birth, (Street and Number) 1341 Grand St. Lowest Point
 5. Full Name of Mother, Helen Bachmaier
 6. Mother's Maiden Name, Helen Haack
 7. Mother's Birthplace, Germany
 8. Full Name of Father, Alfred Bachmaier
 9. Father's Occupation, Painter
 10. Father's Birthplace, Bavaria Germany
 Name of Medical Attendant, or other person who makes this Return, John H. Miller
 Address, 1333 Grand St. Lowest Point
 Remarks, _____

RETURN OF A BIRTH 51896

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12
 Sex, (state whether male or female) Female
 Race or Color, (if not of the white race) Color
 Date of Birth, November 23 - 93
 Place of Birth, (Street and Number) 1414 Madison St.
 Full Name of Mother, Ruthy Ann Robinson
 Mother's Maiden Name, Ruthy Ann Lyles
 Mother's Birthplace, Baltimore City
 Full Name of Father, Joseph Henry Robinson
 Father's Occupation, Minister
 Father's Birthplace, Baltimore County
 Name of Medical Attendant, or other person who makes this Return, Dr. C. F. Fowler
 Address, Mrs. Rebecca Lyles
 Remarks,

1 8 9 3 0 0 0 4 1 4 7

51897

It is the one of ten (10) years for each offence, to be recovered as other fines and forfeitures are recoverable.

12

Female

White -

November 23, 1893.

315-94-81-

Ellen V. Fisher

Wolaver.

Pa.

James L. Rider

Motor Conductor

Pa.

Chas. H. Mitchell Esq.

291 Chestnut ave.

8 9 3 0 0 0 4 1 4 8

RETURN OF A BIRTH.

51898

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 1st.

1. Sex, (state whether male or female)..... Female

2. Race or Color, (if not of the white race)..... White

3. Date of Birth,..... 23d Nov. 1893

4. Place of Birth, (Street and Number)..... 2318 Fairmount Ave.

5. Full Name of Mother,..... Ottilie Dorothy Light

6. Mother's Maiden Name,..... Sherman

7. Mother's Birthplace,..... City

8. Full Name of Father,..... Mathias Martin Light

9. Father's Occupation..... Barber

10. Father's Birthplace,..... Germany

Name of Medical Attendant, or other person who makes this Return,..... E. P. Phons M.D.

Address,..... 1892 E. Baltimore St.

Remarks,

18930904149

RETURN OF A BIRTH. 51899

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 23d 1893
4. Place of Birth, (Street and Number) 311 S. Ann St.
5. Full Name of Mother, Mary Agnes Peak
6. Mother's Maiden Name, Sword
7. Mother's Birthplace, City
8. Full Name of Father, Eugene B. Peak
9. Father's Occupation, Merchant
10. Father's Birthplace, Maryland
- Name of Medical Attendant, or other person who makes this Return, E. P. Brown
- Address, 183 S. E. Baltimore St.
- Remarks,

Persons who report as birth to the Registrar of Health, in the manner and within the period above prescribed, and who fail to comply with the provisions of this section shall be liable to a fine of ten (\$10) dollars for each offense, to be recovered, as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 57900

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race),

3. Date of Birth,

Nov. 23 - '93

4. Place of Birth (Street and Number),

78 Brown Lane

5. Full Name of Mother,

Carrie Braun

6. Mother's Maiden Name,

Butcher

7. Mother's Birthplace,

Balto

8. Full Name of Father,

John A. Braun

9. Father's Occupation,

Hairspinner

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other person who makes this Return.

Edward H. London M.D.

Address,

403 W. Fayette St

Remarks,

who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 51961

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 23 November 1892

4. Place of Birth, (Street and Number) Igorat 2811

5. Full Name of Mother, Josefa Pinhas

6. Mother's Maiden Name, Josefa Pinhas

7. Mother's Birthplace, Bo. Limer Europe

8. Full Name of Father, Josef Pinhas

9. Father's Occupation, Schneider

10. Father's Birthplace, Ukraine

Name of Medical Attendant, or other person who makes this Return, Alfred Schmalzer

Address, 110 Durham St

Remarks, _____

18930004152

RETURN OF A BIRTH.

57903

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

IntL

Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Black

3. Date of Birth,

Nov. 26 1883

4. Place of Birth, (Street and Number)

Md. Lying-in Hospital

5. Full Name of Mother,

Mary Bosen

6. Mother's Maiden Name,

Balto

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

J. D. Brown
Eagles & Wicks

18930004154

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 51 904

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

For each person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks,

1 8 9 3 0 0 4 1 5 5

RETURN OF A BIRTH. 51965

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

November 24th 1893

4. Place of Birth, (Street and Number)

Baltimore 743 Jew Alley

5. Full Name of Mother,

Mary Elizabeth Langford

6. Mother's Maiden Name,

Baltimore

7. Mother's Birthplace,

Purdy Gallon

8. Full Name of Father,

Le Royer

9. Father's Occupation,

Baltimore

10. Father's Birthplace,

Jane West

Name of Medical Attendant, or other person who makes this Return.

804 Stirling Street.

Address,

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 57966

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

November 24, 1893

4. Place of Birth, (Street and Number)

1336 Preston St

5. Full Name of Mother,

Laura Belle Grimes

6. Mother's Maiden Name,

Laura Belle Simmons

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Lewis Nelson Grimes

9. Father's Occupation

Car driver

10. Father's Birthplace,

Carroll County

Name of Medical Attendant, or other person who makes this Return,

Address,

Mrs Harry S. Shockey

Remarks,

781 Lombard St

18930004157

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be liable to be fined not more than \$100, or to be imprisoned not more than 60 days, or both, at the discretion of the court, and the costs of the proceedings shall be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 51907

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov 25 1873

4. Place of Birth, (Street and Number)

1534 N. Frederick St

5. Full Name of Mother,

Betha L. Patterson

6. Mother's Maiden Name,

Seymour

7. Mother's Birthplace,

City

8. Full Name of Father,

Frank E. Patterson

9. Father's Occupation

Cigar maker

10. Father's Birthplace,

City

Name of Medical Attendant, or other person who makes this Return,

Dr. L. Fetterhoff

Address,

905 N. Enoch St

Remarks,

18930004158

RETURN OF A BIRTH. 51908

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

☒ of Child of Mother, (state whether 1st, 2d, 3d, &c.) ☒ X
 1. Sex, (state whether male or female) Girl
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, Nov. 25/93
 4. Place of Birth, (Street and Number) 27 E. Durham St.
 5. Full Name of Mother, Mary F. Appner
 6. Mother's Maiden Name, Danough
 7. Mother's Birthplace, Balto.
 8. Full Name of Father, John F. Appner
 9. Father's Occupation, Laborer
 10. Father's Birthplace, Germany
 Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer
 Address, 2225 Long St.
 Remarks,

1 6 9 3 0 0 0 4 1 5 9

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 51909

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth,
4. Place of Birth, (Street and Number)
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
Father's Birthplace,
Name of Medical Attendant, or other person who makes this Return,
Address,
Remarks,

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 25 November 1892
4. Place of Birth, (Street and Number) 904 Gastel St
5. Full Name of Mother, Barbara Bros
6. Mother's Maiden Name, Barbara Ehlson
7. Mother's Birthplace, Bohmen
8. Full Name of Father, Wenzel Bros
9. Father's Occupation Tailor
Father's Birthplace, Bohmen
Name of Medical Attendant, or other person who makes this Return, Aloisia Schenker
Address, 1010 Durham
Remarks,

18930004160

RETURN OF A BIRTH. 57910

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *25 December 1893*
4. Place of Birth, (Street and Number) *1811 Haneman Ave*
5. Full Name of Mother, *Josephine Joseph*
6. Mother's Maiden Name, *Josephine Ventrone*
7. Mother's Birthplace, *Beifloria Bohemia*
8. Full Name of Father, *Frank Joseph*
9. Father's Occupation, *Therapist*
10. Father's Birthplace, *Meisner*
- Name of Medical Attendant, or other person who makes this Return, *Aloisia Librator*
- Address, *1010 Dutham St*
- Remarks, _____

8930004161

with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 57 911

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 4.
2. Sex, (state whether male or female)..... male.
3. Race or Color, (if not of the white race).....
4. Date of Birth,..... 26 Nov.
5. Place of Birth, (Street and Number)..... Canton 1244.
6. Full Name of Mother,..... Josephine Dylinski
7. Mother's Maiden Name,..... Lobinski
8. Mother's Birthplace,..... Germany.
9. Full Name of Father,..... Joseph Dylinski
10. Father's Occupation..... Laborer.
11. Father's Birthplace,..... Germany.
12. Name of Medical Attendant, or other person who makes this Return,..... Miss Dr. Liebschmann.
13. Address,..... 1225 Hake street.
14. Remarks,.....

RETURN OF A BIRTH. 51913

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

6930004163

Penalty for failure to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 51913

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

2. Sex, (state whether male or female)

Male

3. Race or Color, (if not of the white race)

4. Date of Birth,

Nov. 26th. 1893.

5. Place of Birth, (Street and Number)

2015 Walbrook Ave.

6. Full Name of Mother,

Mary Josephine Love

7. Mother's Maiden Name,

Mary Josephine Dean

8. Mother's Birthplace,

Dorchester Co. Md.

9. Full Name of Father,

Jerome Ignatius Love

10. Father's Occupation,

Carpenter

11. Father's Birthplace,

Richmond Co. Va.

Name of Medical Attendant, or other person who makes this Return.

James A. Zapp M. D.

Address,

N. Ebor. North Ave. and Ninth St.

Remarks,

6930004164

RETURN OF A BIRTH. 51914 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) (7)th Seventh
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 26th 1893
4. Place of Birth, (Street and Number) Hoodberry Ave
5. Full Name of Mother, Ella Hayward Arnold
6. Mother's Maiden Name, Ella
7. Mother's Birthplace, Maryland
8. Full Name of Father, Peter G. Arnold
9. Father's Occupation, General Indse
10. Father's Birthplace, Maryland
- Name of Medical Attendant, or other person who makes this Return, Morris Shanks M.D.
- Address, Cor Hoodberry & Parkdale Ave
- Remarks,

18930004165

Jeeted to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

57915

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) _____

3. Date of Birth, Twenty Sixth November

4. Place of Birth, (Street and Number) 1557 Helms Street

5. Full Name of Mother, Florence B. Parnsey

6. Mother's Maiden Name, Florence B. Girdshell

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, George C. Parnsey

9. Father's Occupation, Plate Printer

10. Father's Birthplace, Cecil County Md

Name of Medical Attendant, or other person who makes this Return, _____

Address, Mrs Mary J. Shady

Remarks, 731 Cumberland St

8930004166

RETURN OF A BIRTH. 51916

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether, 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Nov. 27th 1893*
4. Place of Birth, (Street and Number) *421 N. Collington Av.*
5. Full Name of Mother, *Lda. M. Weigel*
6. Mother's Maiden Name, *Lda M. Lambdin*
7. Mother's Birthplace, *Baltimore Maryland*
8. Full Name of Father, *Louis Weigel*
9. Father's Occupation, *Black*
- Father's Birthplace, *Baltimore Maryland*
- Name of Medical Attendant, or other person who makes this Return, *Dr. John Davis*
- Address, *2102 Orleans St.*
- Remarks, *Natural delivery*

18930004167

RETURN OF A BIRTH.

51917

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *521. H. Wolfe St. Nov. 27th 1893.*
 4. Place of Birth, (Street and Number) *521. H. Wolfe St.*
 5. Full Name of Mother, *Emma Virginia Jefferson*
 6. Mother's Maiden Name, *E. V. Bancup.*
 7. Mother's Birthplace, *Baltimore Md.*
 8. Full Name of Father, *William C. Jefferson*
 9. Father's Occupation, *Baker*
 10. Father's Birthplace, *St. Michaels Maryland.*
 Name of Medical Attendant, *Dr. John Davis*
 Address, *2102. Orleans St.*
 Remarks, *Natural delivery.*

8930004168

RETURN OF A BIRTH. 57918

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VIII

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov. 27/98

4. Place of Birth, (Street and Number) 23 S. Castle str

5. Full Name of Mother, Margarette Strohecker

6. Mother's Maiden Name, Girls

7. Mother's Birthplace, Germany

8. Full Name of Father, Bernhardt Strohecker

9. Father's Occupation, Laborer

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Seisenhofer

Address, 2225 Gough str

Remarks, _____

1 8 9 3 0 0 0 4 1 6 9

RETURN OF A BIRTH. 51919

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) *Boy*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Nov. 27/98*

4. Place of Birth, (Street and Number) *609 S. Register Str.*

5. Full Name of Mother, *Annie Elizabeth Cappeller*

6. Mother's Maiden Name, *" " Sible*

7. Mother's Birthplace, *Balto.*

8. Full Name of Father, *William H. Cappeller*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Balto.*

Name of Medical Attendant, or other person who makes this Return, *Mrs. Weisenhofer*

Address, *2225 Gough Str.*

Remarks, *18930004170*

jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 57920

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Laurena Virginia Funk
 of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Nov 27 - 1893*
4. Place of Birth, (Street and Number) *2118 Park St*
5. Full Name of Mother, *Sarah C. Funk*
6. Mother's Maiden Name, *Sarah C. Hodgins*
7. Mother's Birthplace, *Mathews County Virginia*
8. Full Name of Father, *William G. Funk*
9. Father's Occupation, *Carpenter*
10. Father's Birthplace, *Baltimore Md*
- Name of Medical Attendant, or other person who makes this Return, *Mrs Hannah E. Brown*
- Address, *1216 Patterson Pl Baltimore*
- Remarks, **GIVEN NAME ADDED.** *6-10-53*

1 8 9 3 0 0 0 4 1 7 1

Persons who fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 51921

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex (state whether male or female), Female

2. Race or Color (if not of the white race),

3. Date of Birth, Nov. 27 1893

4. Place of Birth (Street and Number), 15 Stinson St

5. Full Name of Mother, Paulina Rost

6. Mother's Maiden Name, Pfeiffer

7. Mother's Birthplace, Germany

8. Full Name of Father, Harry G. Rost

9. Father's Occupation, Carpenter

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Edward H. London M.D.

Address, 1403 W Fayette St

Remarks,

RETURN OF A BIRTH.

51922

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *22 Nov*
4. Place of Birth, (Street and Number) *1101 Philadelphia St*
5. Full Name of Mother, *Katharine Deegen*
6. Mother's Maiden Name, *Lancaster*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Michael Deegen*
9. Father's Occupation, *Labeler*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return, *Mrs. G. Weiss*
- Address, *2522 Lancaster St.*
- Remarks, _____

8930004173

RETURN OF A BIRTH. 51923

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female)..... female
2. Race or Color, (if not of the white race)..... white
3. Date of Birth,..... 27 November 92
4. Place of Birth, (Street and Number)..... 28 Lohrman St.
5. Full Name of Mother,..... Louise Schonebeck
6. Mother's Maiden Name,..... Louise Kluner
7. Mother's Birthplace,..... Germany
8. Full Name of Father,..... Wilhelm Schonebeck
9. Father's Occupation,..... Labor
10. Father's Birthplace,..... Germany
- Name of Medical Attendant, or other person who makes this Return,..... Friederike Keuler midwife
- Address,..... 216 West Pratt St
- Remarks,.....

8930004174

RETURN OF A BIRTH. 51924

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Apr 28th 1907

4. Place of Birth, (Street and Number) No 722 N Wolfe Str

5. Full Name of Mother, Mary Seidenstricker

6. Mother's Maiden Name, Coniff

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Seidenstricker

9. Father's Occupation, Miner

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs L. Coniff

Address, No 1907 E Monument Str

Remarks,

8930004175

RETURN OF A BIRTH. 51925

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 28. Apr.

4. Place of Birth, (Street and Number) 1114. Boscate St.

5. Full Name of Mother, Bertha Wilson

6. Mother's Maiden Name, Bungenstock

7. Mother's Birthplace, Asna brück Germany.

8. Full Name of Father, John R. Wilson

9. Father's Occupation, Housecutter.

10. Father's Birthplace, Warr. Balt. Co.

Name of Medical Attendant, or other person who makes this return, Mrs. A. M. Bischoff.

Address, 1136 Cleveland St.

Remarks, _____

6 9 3 0 0 0 4 1 7 6

RETURN OF A BIRTH. 51926

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 411

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov. 28/98

4. Place of Birth, (Street and Number) 2227 Lough str.

5. Full Name of Mother, Mamie Rickle

6. Mother's Maiden Name, " Mrowe

7. Mother's Birthplace, Balto.

8. Full Name of Father, Feary Rickle

9. Father's Occupation, Captain

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Lough str.

Remarks, 693000117A

RETURN OF A BIRTH. 51927

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race). *White*
3. Date of Birth, *Feb 24, 1843*
4. Place of Birth, (Street and Number) *1413 1/2 West St*
5. Full Name of Mother, *Sarah Gennelly*
6. Mother's Maiden Name, *Sarah Gennelly*
7. Mother's Birthplace, *Ireland*
8. Full Name of Father, *Peter Gennelly*
9. Father's Occupation, *Sailor*
10. Father's Birthplace, *Ireland*
Name of Medical Attendant, or other person who makes this Return, *Wm B. Hirschman, M.D.*
Address, *159 Gayland Ave*
Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

CHIEF CLERK ADDED 12-8-55
RETURN OF A BIRTH.

57928

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ella Theresa Lloyd

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

November 28th 1893

4. Place of Birth, (Street and Number)

913 N. Easter St

5. Full Name of Mother,

Margaret C. Lloyd

6. Mother's Maiden Name,

Margaret C. Lynch

7. Mother's Birthplace,

Maryland

8. Full Name of Father,

John Lloyd Sr

9. Father's Occupation,

Car Driver

Father's Birthplace,

Maryland

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1 8 9 3 0 0 0 4 1 7 9

RETURN OF A BIRTH. 57 929

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 28 November 1893
4. Place of Birth, (Street and Number) 903 Durham St
5. Full Name of Mother, Mary Ford
6. Mother's Maiden Name, Mary Schmidt
7. Mother's Birthplace, West Bohemia
8. Full Name of Father, Frank Ford
9. Father's Occupation, Job Painter
- Father's Birthplace, Bohemia
- Name of Medical Attendant, or other person who makes this Return, Alicia Schmitz
- Address, 100
- Remarks,

1 8 9 3 0 0 0 1 8 0

RETURN OF A BIRTH 51930

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
 Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) _____
 3. Date of Birth, *28 of November*
 4. Place of Birth, (Street and Number) *537 N. Lamar Street*
 5. Full Name of Mother, *Gertrude B. Bungenthal*
 6. Mother's Maiden Name, *Gertrude B. Skiles*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *William Bungenthal*
 9. Father's Occupation, *Clerk*
 10. Father's Birthplace, *Baltimore*
 Name of Medical Attendant, or other Person who makes this Return, *E. A. Fleming M.D.*
 Address, *1018 Madison Ave*
 Remarks, _____

FOR EACH OFFENSE TO BE RECOVERED AS OTHER RULES AND REGULATIONS ARE RECOVERED.

RETURN OF A BIRTH. 51931

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 29

4. Place of Birth, (Street and Number) 807 Cross St

5. Full Name of Mother, Louisa Schial

6. Mother's Maiden Name, Louisa Lightner

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles Lightner

9. Father's Occupation, Salesman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Maryonda Ship

Address, 44 So Laca St

Remarks,

18930004182

RETURN OF A BIRTH. 57932

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*

1. Sex, (state whether male or female) *Girl*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Nov. 29/93*

4. Place of Birth, (Street and Number) *518 St. Cameron str.*

5. Full Name of Mother, *Maria Collins*

6. Mother's Maiden Name, *Heeley*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *William Collins*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *Thos. Seisenhofer*

Address, *2223 South str.*

Remarks, _____

18930004183

RETURN OF A BIRTH. 57933

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *1*
 1. Sex, (state whether male or female)..... *Girl*
 2. Race or Color, (if not of the white race)..... *White*
 3. Date of Birth,..... *Nov. 29/93*
 4. Place of Birth, (Street and Number)..... *2046 Bank St.*
 5. Full Name of Mother,..... *Grace W. Key*
 6. Mother's Maiden Name,..... *Fennelberger*
 7. Mother's Birthplace,..... *Balto.*
 8. Full Name of Father,..... *Paul W. Key*
 9. Father's Occupation,..... *Laborer*
 10. Father's Birthplace,..... *Balto.*
 Name of Medical Attendant, or other person who makes this Return,..... *Mrs. Fennelberger*
 Address,..... *2225 Young St.*
 Remarks,.....

8930004184

RETURN OF A BIRTH. 57934

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 1th Child.
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, 19 November 1893
 4. Place of Birth, (Street and Number) Garrett Ave 1321.
 5. Full Name of Mother, Laura Aft.
 6. Mother's Maiden Name, Laura Hanner.
 7. Mother's Birthplace, Norway.
 8. Full Name of Father, Axel Aft.
 9. Father's Occupation, Lehrer.
 10. Father's Birthplace, Norway.
 Name of Medical Attendant, or other person who makes this Return, Lizzie Schaefer.
 Address, Fort Ave. 17208.
 Remarks, -

18930004185

RETURN OF A BIRTH. 57935

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)... *Second*

1. Sex, (state whether male or female)... *Male*

2. Race or Color, (if not of the white race)... *White*

3. Date of Birth... *Nov 2nd 1883*

4. Place of Birth, (Street and Number)... *543 N. Myrtle St.*

5. Full Name of Mother... *Minie E. Price*

6. Mother's Maiden Name... *Minie E. Meyer*

7. Mother's Birthplace... *Germany*

8. Full Name of Father... *Bernard Price*

9. Father's Occupation... *Baker*

10. Father's Birthplace... *Germany*

Name of Medical Attendant, or other person who makes this Return... *Mrs. Anna Messerschmidt*

Address... *543 N. Myrtle St.*

Remarks...

RETURN OF A BIRTH. 51936

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) _____
 3. Date of Birth, Nov 2/93.
 4. Place of Birth, (Street and Number) 1304 Mosher St.
Georgia E. Grumbine St.
 5. Full Name of Mother, Georgia E. Grumbine
 6. Mother's Maiden Name, Wolkeberger.
 7. Mother's Birthplace, Essex, Mass.
 8. Full Name of Father, David Grumbine
Salem.
 9. Father's Occupation, Salesman.
 10. Father's Birthplace, Bradford, Mass.
 Name of Medical Attendant, or other person who makes this Return, J. H. Christian M.D.
1801 Madison Ave.
 Address, _____
 Remarks, _____

18930004187

RETURN OF A BIRTH 51937

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth {5th}*
 1. Sex (state whether male or female), *male*
 2. Race or Color (if not of the white race), *white*
 3. Date of Birth, *Nov 14th 1893*
 4. Place of Birth (Street and Number), *2216 Back St*
 5. Full Name of Mother, *Mary Rose*
 6. Mother's Maiden Name, *or Cumberland*
 7. Mother's Birthplace, *Washington D.C.*
 8. Full Name of Father, *John Rose*
 9. Father's Occupation, *Bridge Builder*
 10. Father's Birthplace, *Baltimore Md*
 Name of Medical Attendant, or other person who makes this Return, *L E Hooks M.D.*
 Address, *1519 E Baltimore St*
 Remarks,

for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 51938

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Col

3. Date of Birth, Nov 4th 1893

4. Place of Birth, (Street and Number) 112 Eldner St

5. Full Name of Mother, Jessie Sanders

6. Mother's Maiden Name, "

7. Mother's Birthplace, Chester town Md

8. Full Name of Father, Edward Sanders

9. Father's Occupation Laborer

10. Father's Birthplace, Yarmouth Co Md

Name of Medical Attendant, or other person who makes this Return, Caroline Moore

Address, 49 W. 11th St Balto

Remarks,

18930004189

RETURN OF A BIRTH. 3/1939

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of (Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Apr 4/1939

4. Place of Birth, (Street and Number) 1009 Washington Ave.

5. Full Name of Mother, Margaret J. Weikler

6. Mother's Maiden Name, McMullin

7. Mother's Birthplace, Balto.

8. Full Name of Father, Frank J. Weikler

9. Father's Occupation, Druggist

10. Father's Birthplace, Shunksville, Ohio.

11. Name of Medical Attendant, or other person who makes this Return, J. H. Christian

Address, _____

Remarks, _____

18930004190

RETURN OF A BIRTH. 51940 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th.*
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *November 5 1893.*
 4. Place of Birth, (Street and Number) *1093 West Fayette St.*
 5. Full Name of Mother, *Minnie Schaeffer*
 6. Mother's Maiden Name, *Minnie Howell*
 7. Mother's Birthplace, *Sheppardsstown Va.*
 8. Full Name of Father, *William Schaeffer*
 9. Father's Occupation, *Machine*
 10. Father's Birthplace, *Baltimore Md.*
 Name of Medical Attendant, or other person who makes this Return, *Henry C. Oberlin*
 Address, *1702 West Fayette St.*
 Remarks,

RETURN OF A BIRTH. 51941

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 5 November 1893

4. Place of Birth, (Street and Number) 2033 Hanover St

5. Full Name of Mother, Lizzie Weik King

6. Mother's Maiden Name, Lizzie Kachler

7. Mother's Birthplace, Balto Md

8. Full Name of Father, Louis Weik King

9. Father's Occupation, Grocer

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, G. A. Brooks

Address, 1828 Light St

Remarks, Dr. J. H. Bell

18930004192

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

57942

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

White - Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

November 5th 1937

4. Place of Birth, (Street and Number)

425 N. 2nd St.

5. Full Name of Mother,

Clara Pierce

6. Mother's Maiden Name,

Clara Sullivan

7. Mother's Birthplace,

Md.

8. Full Name of Father,

James Pierce

9. Father's Occupation

Bakerian

10. Father's Birthplace,

Md. A. C. Pile

Name of Medical Attendant, or other person who makes this Return.

2038 Madison Av

Address,

William H. Pierce

Remarks,

18930004193

jected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 5194 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Secured to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 14/93.
4. Place of Birth, (Street and Number) 2118 Division St.
5. Full Name of Mother, Maggie H. Miller
6. Mother's Maiden Name, Robt.
7. Mother's Birthplace, Balt.
8. Full Name of Father, Arthur L. Miller
9. Father's Occupation, Lat. Brick Maker.
10. Father's Birthplace, Gettysburg Pa.
11. Name of Medical Attendant, or other person who makes this Return, J. H. Hershman
- Address, _____
- Remarks, _____

8930061194

RETURN OF A BIRTH 51944

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third 23d*

1. Sex (state whether male or female), *Male*

2. Race or Color (if not of the white race), *White*

3. Date of Birth, *Nov 16th 1893*

4. Place of Birth (Street and Number), *320 S Bond St*

5. Full Name of Mother, *Emma Overcash*

6. Mother's Maiden Name, *" Davis*

7. Mother's Birthplace, *South Carolina*

8. Full Name of Father, *Thos W Overcash*

9. Father's Occupation, *Fire Smelter*

10. Father's Birthplace, *North Carolina*

Name of Medical Attendant, or other person who makes this Return, *H E Hooks M.D.*

Address, *1519 E Baltimore St*

Remarks, *1 0 9 3 0 0 0 4 1 9 5*

for each offense, to be recovered as other fines and penalties are recoverable, and any such person or persons shall be subject to the fine of ten (10) dollars.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

51945^e

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Col

3. Date of Birth,

21st Nov 1893

4. Place of Birth, (Street and Number)

411 Beach st

5. Full Name of Mother,

Bessie Mae Pelka

6. Mother's Maiden Name,

7. Mother's Birthplace,

Bridgetown, N.Y.

8. Full Name of Father,

James Robertson

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other person who makes this Return,

Caroline Moore

Address,

49 W. 7th St Balto

Remarks,

8930004196

RETURN OF A BIRTH. 51946

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) Colored.
 3. Date of Birth, Nov 28th 1893
 4. Place of Birth, (Street and Number) Baltimore 4 Spring St.
 5. Full Name of Mother, Miss May Liza Chase
 6. Mother's Maiden Name, Miss May Liza Chase
 7. Mother's Birthplace, Baltimore City Md.
 8. Full Name of Father, Robert Clinton
 9. Father's Occupation, Laborer
 10. Father's Birthplace, Philadelphia Penn.
 Name of Medical Attendant, Mrs Dealia Howard
 Address, #1013 46 Chapel St.
 Remarks,

8930004197

RETURN OF A BIRTH. 51947

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

18930004190

any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH.

51948

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.)

2nd Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

29th of November

4. Place of Birth, (Street and Number)

Baltimore, Bethesda 238

5. Full Name of Mother,

Laura C. Elliott

6. Mother's Maiden Name,

Laura C. Brown

7. Mother's Birthplace,

Richmond Va.

8. Full Name of Father,

Joseph S. Elliott

9. Father's Occupation,

Storekeeper

Father's Birthplace,

Chroun North Carolina

Name of Medical Attendant, or other person who makes this Return,

Mary C. Tucker

Address,

York St - No 11

Remarks,

6930004199

RETURN OF A BIRTH.

51949

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2^d*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *29 Nov. 20 St. Mary St.*
4. Place of Birth, (Street and Number) *20 St. Mary St.*
5. Full Name of Mother, *Mollie Florence Nickman*
6. Mother's Maiden Name, *Mollie Florence Aguirre*
7. Mother's Birthplace, *Balta*
8. Full Name of Father, *Thomas Emerson Nickman*
9. Father's Occupation, *Plaster*
10. Father's Birthplace, *Phil Pa*
- Name of Medical Attendant, or other person who makes this Return, *Susan Hunter*
- Address, *23 St. Popper St.*
- Remarks,

ected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

16930004208

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Over
RETURN OF A BIRTH.

51950

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

● of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan. 30/93

4. Place of Birth, (Street and Number) 2325 N. Mount St.

5. Full Name of Mother, John B. Bell

6. Mother's Maiden Name, Elizabeth Bell

7. Mother's Birthplace, Chesapeake

8. Full Name of Father, Edward Bell

9. Father's Occupation, Merchant

● Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. J. H. Bell

Address, 1903 N. Mount St.

Remarks, Full name of child - Linden R. Bell

1 8 9 3 0 0 0 4 2 0 1

RETURN OF A BIRTH. 51952

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Noted to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *17. Nov.*
4. Place of Birth, (Street and Number) *2110 Merriam St.*
5. Full Name of Mother, *Olivia White*
6. Mother's Maiden Name, *Olivia Thompson*
7. Mother's Birthplace, *Washington Co. D. C.*
8. Full Name of Father, *Charles H. White*
9. Father's Occupation, *Watchmaker*
10. Father's Birthplace, *Mathews Co. Virginia*
- Name of Medical Attendant, or other person who makes this Return, *Mrs. A. Bink Hamilton*
- Address, *No 206 E. High St.*
- Remarks,

6930001203

RETURN OF A BIRTH. 5/983

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 19 Nov.

4. Place of Birth, (Street and Number) 115. Hamilton St.

5. Full Name of Mother, Vincent Crapanz

6. Mother's Maiden Name, Vincent Crapanz

7. Mother's Birthplace, Italy

8. Full Name of Father, Fortunato Crapanz

9. Father's Occupation, Musician

Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, Mrs. D. W. M. M. M.

Address, 200 N. High St.

Remarks,

8930004204

Person or persons who shall hereafter fail to comply with the provisions of this act shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 51954

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 2d. Nov.

4. Place of Birth, (Street and Number) 415 N. High St

5. Full Name of Mother, Mary W. Robinson

6. Mother's Maiden Name, Mary W. Hill

7. Mother's Birthplace, Elizabeth T. Caro.

8. Full Name of Father, James A. Robinson

9. Father's Occupation, Carpenter

Father's Birthplace, Elizabeth T. Caro.

Name of Medical Attendant, or other person who makes this Return, Mrs. P. Pink M. M. M.

Address, 1000 N. High St

Remarks,

1 0 9 3 0 0 0 4 2 0 5

For each person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

57955

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 21 Nov.

4. Place of Birth, (Street and Number) 1030 N. Mount St.

5. Full Name of Mother, Betty Vesey

6. Mother's Maiden Name, Betty Hill

7. Mother's Birthplace, Virginia

8. Full Name of Father, James Vesey

9. Father's Occupation, Boy-maker

10. Father's Birthplace, Hillsdale, Pa.

Name of Medical Attendant, or other person who makes this Return, Wm. J. Berik, midwife.

Address, No 516 N. Mount St.

Remarks,

1 8 9 3 0 0 0 4 2 0 6

RETURN OF A BIRTH. 51956

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 28 Nov

4. Place of Birth, (Street and Number) 407 Friendship St

5. Full Name of Mother, Blanch Kerns

6. Mother's Maiden Name, Blanch Kerns

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, James Kerns

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Wm. D. Smith M.D.

Address, 10506 E. 1st St.

Remarks,

8930004207

RETURN OF A BIRTH. 51957

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall to report this act to the Commissioners of Health, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1. Sex, (state whether male or female)..... 4 to kind female
2. Race or Color, (if not of the white race).....
3. Date of Birth,..... 17 November
4. Place of Birth, (Street and Number)..... 1143 Framley st
5. Full Name of Mother,..... Lina Lisy
6. Mother's Maiden Name,.....
7. Mother's Birthplace,..... Europe
8. Full Name of Father,..... Daniel Lisy
9. Father's Occupation,..... Farmer
10. Father's Birthplace,..... Europe
- Name of Medical Attendant, or other person who makes this Return,..... Lina Handler
- Address,..... 124 Lidel Golf st
- Remarks,.....

1 8 9 3 0 0 0 4 2 0 8

RETURN OF A BIRTH.

51958

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov 30

4. Place of Birth, (Street and Number)

Quincy St 2631

5. Full Name of Mother,

Anna M. Brown

6. Mother's Maiden Name,

Heigervald

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Robert L. Brown

9. Father's Occupation

Sailor

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other person who makes this Return,

Dr. H. E. Shockey

Address,

731 Burnside St

Remarks,

1 8 9 3 0 0 4 2 0 9

RETURN OF A BIRTH. 51959

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

2. Sex, (state whether male or female) female

3. Race or Color, (if not of the white race) White

4. Date of Birth, November 12 1893

5. Place of Birth, (Street and Number) 29 Stone Hill Mount Vernon

6. Full Name of Mother, annie M. Curtis

7. Mother's Maiden Name, Brown

8. Mother's Birthplace, Stafford Co. Va.

9. Full Name of Father, William Curtis

10. Father's Occupation, Painter

11. Father's Birthplace, West Virginia

Name of Medical Attendant, or other person who makes this Return

Address, Mary a Martin 2304

Remarks, Cedar avenue

1 8 9 3 0 0 0 4 2 1 0

RETURN OF A BIRTH. 51955

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother. (state whether 1st, 2d, 3d, &c.) 11th of Gold
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, Dec 26, 1893
 4. Place of Birth, (Street and Number) 1441 Hanover St
 5. Full Name of Mother, Mary Goldberg
 6. Mother's Maiden Name, Mary Fisher
 7. Mother's Birthplace, Bacc.
 8. Full Name of Father, Benjamin Goldberg
 9. Father's Occupation Fish Dealer
 10. Father's Birthplace, Bacc.
 Name of Medical Attendant, or other person who makes this Return, Dr. H. K. Garber
 Address, 2136 Heald St
 Remarks, Harry Gold

0930004211

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

51961

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, 4th, 5th~~)

Sex, (State whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

Nov 29/93

4. Place of Birth, (Street and Number)

1164 E North Ave

5. Full Name of Mother,

Annie M. Evans

6. Mother's Maiden Name,

" " Berger

7. Mother's Birthplace,

Balt Md

8. Full Name of Father,

Chas H. Evans

9. Father's Occupation,

Carpenter

Father's Birthplace,

Balt. Co. Md.

Name of Medical Attendant, or other person who makes this Return.

Address,

1502 N Bond

Remarks,

See p. 10.

RETURN OF A BIRTH. 51962

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

Second Female

White

110 Whombar St

Nov. 9, 93.

Carrie Jennings

Ja

Chas. S. Neer

110 Whombar St

8 9 3 0 0 0 4 2 1 3

ected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 51963

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 121-
 1. Sex, (state whether male or female) m
 2. Race or Color, (if not of the white race) W.
 3. Date of Birth, Nov. 11. 93
 4. Place of Birth, (Street and Number) 110 Lombard St-
 5. Full Name of Mother, Julia M. Andrews
 6. Mother's Maiden Name, —
 7. Mother's Birthplace, Del.
 8. Full Name of Father, —
 9. Father's Occupation, —
 10. Father's Birthplace, —
 Name of Medical Attendant, or other person who makes this Return, Chas. S. New
 Address, 110 Lombard St-
 Remarks, —

1 8 9 3 0 0 0 4 2 1 4

ected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 51964

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second
 1. Sex, (state whether male or female) M
 2. Race or Color, (if not of the white race) W.
 3. Date of Birth, Nov. 11, 93.
 4. Place of Birth, (Street and Number) 115 Lombard St -
 5. Full Name of Mother, Cora Osborn
 6. Mother's Maiden Name, —
 7. Mother's Birthplace, N.C.
 8. Full Name of Father, —
 9. Father's Occupation, —
 10. Father's Birthplace, —
 Name of Medical Attendant, or other person who makes this Return, Chas. S. Neer
 Address, 115 Lombard St
 Remarks, —

1 8 9 3 0 0 0 4 2 1 5

jected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 51963

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

6 9 3 0 0 0 4 2 1 6

116-

RETURN OF A BIRTH.

51966

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) M

2. Race or Color, (if not of the white race) W.

3. Date of Birth, 115 W Lombard

4. Place of Birth, (Street and Number) Nov. 19, 93

5. Full Name of Mother, Elizabeth Brown

6. Mother's Maiden Name, MS

7. Mother's Birthplace, _____

8. Full Name of Father, _____

9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Attendant, or other person who makes this Return, Chas. S. Kerr

Address, 115 W Lombard St

Remarks, _____

+ 8 9 3 0 0 0 4 2 1 7

RETURN OF A BIRTH.

51967

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 5th 1893
4. Place of Birth, (Street and Number) 2128 W. Fayette St.
5. Full Name of Mother, Lida Bamber
6. Mother's Maiden Name, Jones
7. Mother's Birthplace, Ind.
8. Full Name of Father, James Bamber
9. Father's Occupation, Carpenter
10. Father's Birthplace, Mass.
- Name of Medical Attendant, or other person who makes this Return, M. H. Carter M.D.
- Address, 1800 W. Baltimore St.
- Remarks, _____

18930004218

RETURN OF A BIRTH ⁵¹⁹⁶⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov 9th 1898

4. Place of Birth, (Street and Number)

1136 W. Hamburg St

5. Full Name of Mother,

Annie Johnson

6. Mother's Maiden Name,

Gentner

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Daniel Johnson

9. Father's Occupation,

Ship Worker

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other Person who makes this Return.

J. B. Schwaetka M.D.

Address,

1003 N. Swan

Remarks.

For each of these to be recovered as other lines and forfeitures are recoverable.

RETURN OF A BIRTH ⁵⁷⁹⁶⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return

Address

Remarks

for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ^{5/970}

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 25 1893

4. Place of Birth, (Street and Number) 1817 E. Biddle

5. Full Name of Mother, Mary Carr

6. Mother's Maiden Name, Gittings

7. Mother's Birthplace, Balto

8. Full Name of Father, no a Carr

9. Father's Occupation, I don't know

10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this return. J. J. Schuster M.D.

Address, 1003 N. Swan

Remarks, _____

for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 51971

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female)

Female - Grace Irene Lynch

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov 26 1893

4. Place of Birth, (Street and Number)

223 Milton Ave

5. Full Name of Mother,

Lillian Lynch

6. Mother's Maiden Name,

Calef

7. Mother's Birthplace,

Boston

8. Full Name of Father,

Harry E. Lynch

9. Father's Occupation,

Actor

10. Father's Birthplace,

Phila

Name of Medical Attendant,

or other Person who makes this Return.

J. B. Schwartz M.D.

Address,

1003 N. T. way

Remarks,

Full given name of child added by mother upon applying for a

transcript.

L. E. Wehn - Birth Index Clerk

Lillian Lynch mother

RETURN OF A BIRTH. 51972

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child, Charles Edgar Hess 5th

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Nov. 1, 1893.

4. Place of Birth, (Street and Number)

2017 Bolton St

5. Full Name of Mother,

Lillian C. (Hill) Hess

6. Mother's Maiden Name,

Cochran

7. Mother's Birthplace,

Ind.

8. Full Name of Father,

John C. Hess

9. Father's Occupation,

Merchant

10. Father's Birthplace,

Ind.

Name of Medical Attendant, or other person who makes this Return,

G. Lane Taneyhill

Address,

1103 Madison Avenue

Remarks,

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 51973

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Nov 2 1883
4. Place of Birth, (Street and Number) 545 Madison St
5. Full Name of Mother, Lizzie Sampson
6. Mother's Maiden Name, Lizzie Bondet
7. Mother's Birthplace, Eastern Shore
8. Full Name of Father, Bond Sampson
9. Father's Occupation, Worker
10. Father's Birthplace, Eastern Shore
- Name of Medical Attendant, or other person who makes this Return, Chester Bondet
- Address, 609 Preston St
- Remarks,

18930001221

RETURN OF A BIRTH.

51974

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Nov 11th 1883
4. Place of Birth, (Street and Number) 1226 Wilmer alley
5. Full Name of Mother, Alice Hall
6. Mother's Maiden Name, Alice Turner
7. Mother's Birthplace, Maryland
8. Full Name of Father, Richard Hall
9. Father's Occupation, Porter
10. Father's Birthplace, Maryland
- Name of Medical Attendant, or other person who makes this Return, Heester Colance
- Address, 517 Prester St
- Remarks, _____

18930004225

Child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 51975

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Person or persons who fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth. *November 9th 1893*

4. Place of Birth, (Street and Number) *1315 N Chapel St*

5. Full Name of Mother, *Harry Meier*

6. Mother's Maiden Name, *Bauz*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *John Meier*

9. Father's Occupation, *Builder*

Father's Birthplace, *Germany*

Name of Medical Attendant, or other person who makes this Return, *S. H. Seldner M. D.*

Address, *1801 S. Eager St*

Remarks,

18930004226

GIVEN NAME ADDED 3-21-50
middle 6-21-50

RETURN OF A BIRTH. 51976

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Katharine B. McManus*
Age of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *November 12th 1893*
4. Place of Birth, (Street and Number) *1530 N. Broadway*
5. Full Name of Mother, *Amelia Belle McManus*
6. Mother's Maiden Name, *Morse*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Robert H. McManus*
9. Father's Occupation, *Black*
10. Father's Birthplace, *Baltimore*
Name of Medical Attendant, or other person who makes this Return, *D. H. Seiden M.D.*
Address, *1501 S. Eager St*
Remarks,

1 8 9 3 0 0 0 4 2 2 7

RETURN OF A BIRTH. 51977

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

☒ of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) Colored
 3. Date of Birth, Nov 12 1893
 4. Place of Birth, (Street and Number) 633 Hoffman St
 5. Full Name of Mother, Odie Spear
 6. Mother's Maiden Name, Odie Weaver
 7. Mother's Birthplace, Baltimore Md
 8. Full Name of Father, William Spear
 9. Father's Occupation Painter
☒ Father's Birthplace, Baltimore Md
 Name of Medical Attendant, or other person who makes this Return, Decker Williams
 Address, 209 Boston St
 Remarks,

Penalty for failure to file within the time prescribed: For each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 51978

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: J. Harry Schisler
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, November, 14th 1893
 4. Place of Birth, (Street and Number) 1417 E. Hoffman St.
 5. Full Name of Mother, Linnie E. Schisler
 6. Mother's Maiden Name, Scheffer
 7. Mother's Birthplace, Balto Schisler
 8. Full Name of Father, John H. Schisler
 9. Father's Occupation, Clerk
 10. Father's Birthplace, Balto County
 Name of Medical Attendant, or other person who makes this Return, S. H. Selders M.D.
 Address, 1501 E. Eager St.
 Remarks,

18930004229

RETURN OF A BIRTH.

51979

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First
Male

1. Sex, (state whether male or female)

White

2. Race or Color, (if not of the white race)

November 14th 1893

3. Date of Birth,

1531 N Fulton Ave

4. Place of Birth, (Street and Number)

Hennetta Grandi

5. Full Name of Mother,

Bopp

6. Mother's Maiden Name,

Germany

7. Mother's Birthplace,

Joseph Grandi

8. Full Name of Father,

Cabinet maker

9. Father's Occupation,

Germany

10. Father's Birthplace,

S. H. Seldner M. D.

Name of Medical Attendant, or other person who makes this Return,

Address,

1504 E. Eager St

Remarks,

18930004230

RETURN OF A BIRTH. 51980

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8930004231

RETURN OF A BIRTH.

51982

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *Nov. 27, 1893*
4. Place of Birth, (Street and Number) *1218 Bolton St.*
5. Full Name of Mother, *Susan F. Miller*
6. Mother's Maiden Name, *Parsons*
7. Mother's Birthplace, *Ind*
8. Full Name of Father, *C. W. E. Miller*
9. Father's Occupation, *Assoc. Prof.*
- Father's Birthplace, *Va.*
- Name of Medical Attendant, or other person who makes this Return, *Dr. Lane Taneyhill*
- Address, *1103 Madison Avenue*
- Remarks,

18930004233

any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 57983

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov. 30/93

4. Place of Birth, (Street and Number)

#206

14th St. N. W. D.C.

5. Full Name of Mother,

Emma Hartman

6. Mother's Maiden Name,

7. Mother's Birthplace,

Russia

8. Full Name of Father,

Eric Hartman

9. Father's Occupation,

Chlor.

Father's Birthplace,

Russia

Name of Medical Attendant, or other person who makes this Return,

Mrs. Lena K. Ber

Address,

44 York St.

Remarks,

1 8 9 3 0 0 0 4 2 3 1

RETURN OF A BIRTH 57984

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Na. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
 Sex (state whether male or female), *Female*
 2. Race or Color (if nat of the white race), *Black*
 3. Date of Birth, *November 8th 1893*
 4. Place of Birth (Street and Number), *Wilmer St*
 5. Full Name of Mother, *Mary Johnson*
 6. Mother's Maiden Name, *Baltimore*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, _____
 9. Father's Occupation, _____
 10. Father's Birthplace, _____
 Name of Medical Attendant, or other person who makes this Return, *S. Griffith David, M.D.*
 Address, *1030 Mc Culloh St.*
 Remarks, _____

RETURN OF A BIRTH. 51985

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) W

3. Date of Birth, 29th November 1893

4. Place of Birth, (Street and Number) 225 Mon. (Gommes) St

5. Full Name of Mother, Marguerite Kelly

6. Mother's Maiden Name, Kaufman

7. Mother's Birthplace, Balt

8. Full Name of Father, Timothy Kelly

9. Father's Occupation, Clerk

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. W. W. Webster M.D.

Address, 403 Hanover St

Remarks, _____

RETURN OF A BIRTH 51986

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall create a law to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered in other laws and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Nov 30th '93*

4. Place of Birth, (Street and Number) *530 N Mount St*

5. Full Name of Mother, *Mary Edwards*

6. Mother's Maiden Name, *Mary Hunter*

7. Mother's Birthplace, *Pa*

8. Full Name of Father, *Murder S Edwards*

9. Father's Occupation, *Insurance agent*

10. Father's Birthplace, *Pa*

Name of Medical Attendant, or other person who makes this Return, *J. J. [Signature]*

Address, *Albany*

Remarks,

0 9 3 0 0 0 4 2 3 7

RETURN OF A BIRTH. 51987

GIVEN NAME ADDED, 9-16-60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Dorothy Anita Schilling, vs

of Child of Mother, (state whether 1st, 2d, 3d, etc.)

1. Sex, (state whether male or female)...

Female.

2. Race or Color, (if not of the white race)...

White

3. Date of Birth,

November 30th 1893.

4. Place of Birth, (Street and Number)...

1520 Pennsylvania av

5. Full Name of Mother,

Minnie Schilling

6. Mother's Maiden Name,

Minnie Seibald

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Charles Schilling

9. Father's Occupation,

Printer

Father's Birthplace,

Baltimore Md.

Name of Medical Attendant, or other person who makes this Return,

Wm Hawkins M.D.

Address,

Green and Mulberry St

Remarks,

18930004238

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

555-91 51988 RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Esther Lida Fowler*
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *Nov. 23*
 4. Place of Birth, (Street and Number) *1704 E. Preston St.*
 5. Full Name of Mother, *Mrs. Ida Katherine Thompson Fowler*
 6. Mother's Maiden Name, *Thompson*
 7. Mother's Birthplace, *Baltimore, Md.*
 8. Full Name of Father, *Chas. Edwin Fowler*
 9. Father's Occupation, *Brook*
 10. Father's Birthplace, *Same as mother*
 Name of Medical Attendant, or other person who makes this return, *G. G. Rankin, M.D.*
 Address, *2000 E. Pratt St.*
 Remarks, *Natural Delivery*

18930004239

RETURN OF A BIRTH. 5-1989

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) Colored
 3. Date of Birth, September 22nd
 4. Place of Birth, (Street and Number) 617 S. Sharp St
 5. Full Name of Mother, Annie Jones
 6. Mother's Maiden Name, Annie Smithers
 7. Mother's Birthplace, Phila Penn.
 8. Full Name of Father, Samuel Johnson
 9. Father's Occupation, Refrigerator Keeper
 10. Father's Birthplace, Phila Penn.
 Name of Medical Attendant, or other person who makes this Return, Hannah Batchett
 Address, 609 Campbell Str.
 Remarks,

18930004240

RETURN OF A BIRTH. 51990

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

November 22nd

4. Place of Birth, (Street and Number)

224 Cambridge Str.

5. Full Name of Mother,

Mary E. Webb

6. Mother's Maiden Name,

Mary E. Henry

7. Mother's Birthplace,

State

8. Full Name of Father,

John H. Webb

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Eastern Maryland

Name of Medical Attendant, or other person who makes this Return,

Annah Hatchett

Address,

609 Campbell St.

Remarks,

RETURN OF A BIRTH. 51991

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov. 24/93.

4. Place of Birth, (Street and Number) No 6 Main Oak Ave.

5. Full Name of Mother, Jane Bogli

6. Mother's Maiden Name, Sadder

7. Mother's Birthplace, Balto. City.

8. Full Name of Father, John D. Bogli

9. Father's Occupation, Stair builder

10. Father's Birthplace, Balto. Co. Md.

Name of Medical Attendant, or other person who makes this Return, J. B. Hartman

Address, 815 Jefferson Ave.

Remarks, Waverly, Balto.

1 5 9 3 0 0 0 4 2 4 2

RETURN OF A BIRTH. 51992

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, November 1st 1893

4. Place of Birth, (Street and Number) 1650 Baltimore Sts

5. Full Name of Mother, Bella Backner

6. Mother's Maiden Name, Jacobs

7. Mother's Birthplace, America

8. Full Name of Father, Louis Backner

9. Father's Occupation, merchant

10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. J. Steiner

Address, 122 S. Eyster str.

Remarks, -

8930004243

any such person or persons who shall hereafter and for ever after, with the provisions of this act, shall be liable to be recovered as other fines and forfeitures are recoverable, jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable,

RETURN OF A BIRTH. 51993

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex. (state whether male or female) *male*

2. Race or Color. (if not of the white race) *white*

3. Date of Birth. *November 3, 1893*

4. Place of Birth. (Street and Number) *1173 E. Lombard Str*

5. Full Name of Mother. *Sarah Sheane*

6. Mother's Maiden Name. *Europe*

7. Mother's Birthplace. *Wolf Sheane*

8. Full Name of Father. *Shoemaker*

9. Father's Occupation. *Carpenter*

10. Father's Birthplace. *Mrs. C. J. Steiner*

Name of Medical Attendant, or other person who makes this Return. *122 S. E. 1st Str*

Address. *122 S. E. 1st Str*

Remarks. *18930004244*

Persons who shall be guilty of any offense under the provisions of this section shall be liable to the fine of ten dollars for each offense, to be recovered by other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 51994

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2d*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *November 6, 1893*
4. Place of Birth, (Street and Number) *1406 E. Lombard str*
5. Full Name of Mother, *Annie Bosch*
6. Mother's Maiden Name, *Euroze*
7. Mother's Birthplace, *Simon Bosch*
8. Full Name of Father, *Tailor*
9. Father's Occupation, *Euroze*
10. Father's Birthplace, *Mrs C J Steiner*
- Name of Medical Attendant, or other person who makes this Return, *122 S. Exeter st*
- Address, *122 S. Exeter st*
- Remarks, *1 6 9 3 0 0 0 4 2 4 5*

RETURN OF A BIRTH. 51995

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. ☒ of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

2. Sex, (state whether male or female) Male

3. Race or Color, (if not of the white race) Colored

4. Date of Birth, Nov. 7. - 1893

5. Place of Birth, (Street and Number) 1217. Wheatcoat

6. Full Name of Mother, Celia Miller

7. Mother's Maiden Name, Celia Conter

8. Mother's Birthplace, Calvert County

9. Full Name of Father, James Miller

10. Father's Occupation, Laboring

11. Father's Birthplace, Calvert County

Name of Medical Attendant, or other person who makes this Return, Abraham Rawlings

Address, 1610 Vincent St

Remarks,

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

51996

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall neglect to file this Return, or who shall file a false Return, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, November 8, 1913.

4. Place of Birth, (Street and Number) 218 Slemmer's Alley

5. Full Name of Mother, Julia Bolger

6. Mother's Maiden Name, _____

7. Mother's Birthplace, Ireland

8. Full Name of Father, Joseph Bolger

9. Father's Occupation, Schooler.

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs. C. J. Steiner

Address, 122 S. Exeter Str

Remarks, _____

1 8 9 3 0 0 4 2 4 7

RETURN OF A BIRTH. 57997

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) *1st male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *November 8, 1893*
4. Place of Birth, (Street and Number) *1001 E. Pratt str*
5. Full Name of Mother, *Mary Pöhl*
6. Mother's Maiden Name, *Eunice*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Wenzel Pöhl*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other person who makes this Return, *Mrs. Cecelia Steiner*
- Address, *122 S. Exeter str*
- Remarks, _____

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

51998 RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th
- Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, November 25, 93
4. Place of Birth, (Street and Number) 12014 E. Lombard St.
5. Full Name of Mother, Sara Silberman
6. Mother's Maiden Name, Eunyu
7. Mother's Birthplace, Hannis Silberman
8. Full Name of Father, Tailor
9. Father's Occupation, Eunyu
10. Father's Birthplace, Mrs. C. Bernstein
- Name of Medical Attendant, or other person who makes this Return, 122 S. Essex St.
- Address, 122 S. Essex St.
- Remarks,

RETURN OF A BIRTH. 57999

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 4 Nov 1893

4. Place of Birth, (Street and Number) 48 S. Front St

5. Full Name of Mother, Mary E. Reynolds

6. Mother's Maiden Name, Maids

7. Mother's Birthplace, Baltimore M. D.

8. Full Name of Father, Thomas Reynolds

9. Father's Occupation, Foreman of the Street Car

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, E. Corman

Address, 42 Allen St

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52000

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 1898

4. Place of Birth, (Street and Number) 219 Euston St

5. Full Name of Mother, Getta Bernare

6. Mother's Maiden Name, Germanon

7. Mother's Birthplace, Russia

8. Full Name of Father, Hermann Bernare

9. Father's Occupation, Tailor

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this return, E. Schenck

Address, 42 Allen Ave

Remarks,

RETURN OF A BIRTH. 52071

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
 Sex, (state whether male or female) Male
 Race or Color, (if not of the white race) White
 Date of Birth, 11 Nov 1893.
 Place of Birth, (Street and Number) 312 N. High St.
 Full Name of Mother, Jennie Wagner
 Mother's Maiden Name, Susan
 Mother's Birthplace, Russia
 Full Name of Father, Abram Wagner
 Father's Occupation, Clerk
 Father's Birthplace, Austria
 Name of Medical Attendant, or other person who makes this Return, E. J. Schuman
 Address, 72 Altmark St.
 Remarks,

RETURN OF A BIRTH. 53002

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
 Sex, (state whether male or female) Female
 Race or Color, (if not of the white race) White
 Date of Birth, 13 Nov 1893
 Place of Birth, (Street and Number) 603 Penn. Ave
 Full Name of Mother, Betty Lerner
 Mother's Maiden Name, Lewitzki
 Mother's Birthplace, Russia
 Full Name of Father, Abram Lerner
 Father's Occupation, Shoemaker
 Father's Birthplace, Austria
 Name of Medical Attendant, or other person who makes this Return, J. E. Sherman
 Address, 42 Albemarle St
 Remarks,

Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52003

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 12 Nov 1893

4. Place of Birth, (Street and Number) 219 N High St

5. Full Name of Mother, Esther Goldberg

6. Mother's Maiden Name, Shinkovitch

7. Mother's Birthplace, Russia

8. Full Name of Father, Isaac Goldberg

9. Father's Occupation, Carpenter

10. Father's Birthplace, Prussia

Name of Medical Attendant, or other person who makes this return, J. Schenck

Address, 124 E. Franklin St

Remarks, _____

any such person or persons who fail to comply with the provisions of this section shall be liable to a fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52004

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 25 Dec 1893
4. Place of Birth, (Street and Number) 34 Harrison St
5. Full Name of Mother, William
6. Mother's Maiden Name, Wm. Kelly
7. Mother's Birthplace, Prussia
8. Full Name of Father, Edward J. Kelly
9. Father's Occupation, Carriage Driver
10. Father's Birthplace, Austria Prussia
- Name of Medical Attendant, or other person who makes this Return, E. J. Kelly
- Address, 12 Williams St
- Remarks, _____

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten U. S. dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52005

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)—2

1. Sex, (state whether male or female)—

Male

2. Race or Color, (if not of the white race)—

White

3. Date of Birth,———

Nov-1898

4. Place of Birth, (Street and Number)—

188 S. High St

5. Full Name of Mother,———

Annie Laperre

6. Mother's Maiden Name,———

Frederickson

7. Mother's Birthplace,———

Sweden

8. Full Name of Father,———

Frank Laperre

9. Father's Occupation,———

Engineer

10. Father's Birthplace,———

Sweden

Name of Medical Attendant, or other person who makes this Return,———

E. Schermer

Address,———

2111 Franklin St

Remarks,———

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53006

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
- Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 1st 1893
4. Place of Birth, (Street and Number) 125 Grand St. W. Md.
5. Full Name of Mother, Minnie Turner
6. Mother's Maiden Name, Lazarus
7. Mother's Birthplace, Russia
8. Full Name of Father, Isaac Turner
9. Father's Occupation, Bar tender
10. Father's Birthplace, Russia
- Name of Medical Attendant, or other person who makes this Return, D. Sherman
- Address, Baltimore Md
- Remarks, 1

any such person or persons who shall be caught by the Registrar to comply with the provisions of this section shall be liable to a fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52007

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 30 June 1893

4. Place of Birth, (Street and Number) 719 Stiles St

5. Full Name of Mother, Abigail Shaffer

6. Mother's Maiden Name, Wax

7. Mother's Birthplace, Wisconsin

8. Full Name of Father, Joseph Shaffer

9. Father's Occupation, Carpenter

10. Father's Birthplace, Wisconsin

Name of Medical Attendant, or other person who makes this Return, at W. Shaffer

Address, 719 Stiles St

Remarks,

RETURN OF A BIRTH. 520

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Eleventh*
- Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *December 1st - 1893*
4. Place of Birth, (Street and Number) *926 Broadway Street*
5. Full Name of *Henry Clementine Smith*
6. Mother's Maiden Name *Mary E. Talbot*
7. Mother's Birthplace *Washington D.C.*
8. Full Name of Father, *John Lesby Smith*
9. Father's Occupation, *Cart-driver*
10. Father's Birthplace, *Baltimore Md.*
- Name of Medical Attendant, or other person who makes this Return, *Louise Eaton, M.D.*
- Address, *1010 McCulloch Street*
- Remarks,

called to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who fail to do so shall be liable to a fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 5-2012

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 1st Dec 1893

4. Place of Birth, (Street and Number) 1217 Riverside Ave

5. Full Name of Mother, Mary Daneker

6. Mother's Maiden Name, Bird

7. Mother's Birthplace, Va

8. Full Name of Father, James Daneker

9. Father's Occupation Engineer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Elizabeth Jewell

Address, 436 E Port Ave

Remarks, _____

1 0 7 3 0 0 0 4 2 6 0

RETURN OF A BIRTH. 52013

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex, (state whether male or female) *Female.*

2. Race or Color, (if not of the white race) *White.*

3. Date of Birth, *Dec. 1, 1893*

4. Place of Birth, (Street and Number) *722 Hare St.*

5. Full Name of Mother, *Barbra Dickman*

6. Mother's Maiden Name, *Barbra Jernberg.*

7. Mother's Birthplace, *Balto*

8. Full Name of Father, *Frank Dickman.*

9. Father's Occupation, *Labor.*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other person who makes this Return, *Mary L. Sawyer*

Address, *824 Canton St.*

Remarks,

520130004201

RETURN OF A BIRTH. 52014

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Henry Mochelmann
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) -
 3. Date of Birth, December 1st 193
 4. Place of Birth, (Street and Number) No. 228 N. Calverton St.
 5. Full Name of Mother, Barbara (Barbara) Mochelmann
 6. Mother's Maiden Name, Beck
 7. Mother's Birthplace, Germany
 8. Full Name of Father, Henry Mochelmann
 9. Father's Occupation, Sailor
 10. Father's Birthplace, Germany
 Name of Medical Attendant, or other person who makes this Return, Mrs. L. Cross
 Address, No. 1907 E. Monument St.
 Remarks,

RETURN OF A BIRTH.

5-20-15

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Not to be filled out by the Registrar, but to be filled out by the person who makes this Return. If the person who makes this Return is not the mother, the name of the mother must be given, and the name of the person who makes this Return must be given, and the name of the person who makes this Return must be given.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, Dec. 1st
 4. Place of Birth, (Street and Number) 2238 Canton Ave.
 5. Full Name of Mother, Mrs. Minnie Miller
 6. Mother's Maiden Name, Minnie Hammond
 7. Mother's Birthplace, Balto. Md.
 8. Full Name of Father, Samuel Robert Miller
 9. Father's Occupation, Laborer
 10. Father's Birthplace, Balto. Md.
 - Name of Medical Attendant, or other person who makes this Return, Mrs. Mary M. Taylor
 - Address, 615 S. Patterson Pl. Ave.
 - Remarks, _____

1-8-9-3-0-0-0-4-2-6-3

RETURN OF A BIRTH. 52016

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Friday December 1st 1893.
4. Place of Birth, (Street and Number) No 1003 Compton st
5. Full Name of Mother, Gertrude Pollin
6. Mother's Maiden Name, Gertrude Ammerthy
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Daniel Pollin
9. Father's Occupation, Salvage
10. Father's Birthplace, Baltimore
11. Name of Medical Attendant, or other person who makes this Return, Catherine Hornung
- Address, No 1517 Byrd st City
- Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

52017

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4 Child

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

2nd December 1893

4. Place of Birth, (Street and Number)

1011 Sterrett St

5. Full Name of Mother,

Mary Jane Lenty

6. Mother's Maiden Name,

Taylor

7. Mother's Birthplace,

Bradford, Conn. Penna.

8. Full Name of Father,

Henry Lenty

9. Father's Occupation,

Deputy Clerk

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mary Jane Lenty

Address,

1005 Cross St

Remarks,

1 8 9 3 0 0 0 4 2 6 5

RETURN OF A BIRTH. 52018

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Who report in this to the Registrar of Health, at the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1. Sex, (state whether male or female) female
 2. Race or Color, (if not of the white race) white
 3. Date of Birth, December 2, 1893.
 4. Place of Birth, (Street and Number) 1822 Pennsylvania St
 5. Full Name of Mother, Maria Vollenweider
 6. Mother's Maiden Name, No. Dixerens
 7. Mother's Birthplace, Switzerland
 8. Full Name of Father, John Vollenweider
 9. Father's Occupation, Farmer
 10. Father's Birthplace, Switzerland
 Name of Medical Attendant, or other person who makes this Return, Marie E. Walwitzky No. 2
 Address, 725 Mulberry Street
 Remarks,

Not to be filled out unless required, and the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52019

GIVEN NAME ADDED 2/27/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: HELEN CATHERINE SCHIMPF

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 29 93

4. Place of Birth, (Street and Number) 1000 N. Sharp St

5. Full Name of Mother, Sarah Schimpf

6. Mother's Maiden Name, Covings

7. Mother's Birthplace, Ann A. Co. Md.

8. Full Name of Father, Geo. Schimpf

9. Father's Occupation, Blacksmith

10. Father's Birthplace, Ohio

Name of Medical Attendant, or other person who makes this Return, J. M. Gorman

Address, 128 1/2 E. St

Remarks,

RETURN OF A BIRTH ⁵²⁰²⁰

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2-1

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Dec 3d - 1893

4. Place of Birth, (Street and Number) 29 - Hughes St - Balto

5. Full Name of Mother, Annie Jackson

6. Mother's Maiden Name, Annie Jackson

7. Mother's Birthplace, W. Va

8. Full Name of Father, W. F.

9. Father's Occupation, _____

Father's Birthplace, _____

Name of Medical Attendant, or other Person who makes this Return, Sarah Tasker

Address, Midwife 723 - Grindes Court

Remarks, _____

RETURN OF A BIRTH. 55021

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec. 2, 18

4. Place of Birth, (Street and Number) 13. E. Hind. St.

5. Full Name of Mother, Mary Ann

6. Mother's Maiden Name, " Thesote

7. Mother's Birthplace, Ireland

8. Full Name of Father, Peter L. Murias

9. Father's Occupation, R. R. Engineer

10. Father's Birthplace, Balt.

Name of Medical Attendant, or other person who makes this Return, G. L. Madden M.D.

Address, 415 E. Paca. St.

Remarks,

8930004269

Persons who shall hereafter fail to comply with the provisions of this act shall be subject to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 520 22 GIVEN NAME ADDED 4-16-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Frederick Eugene Reign

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)...

Male

2. Race or Color, (if not of the white race)...

White

3. Date of Birth,

Dec. 3rd, 1893

4. Place of Birth, (Street and Number).....

107 E. Hamburg Str.

5. Full Name of Mother,

Annie Elizabeth Reign

6. Mother's Maiden Name,

Annie E. Schlipper

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Lehman Bowie Reign

9. Father's Occupation,

Distiller

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return,

Annie E. Smith

Address,

102 E. Hamburg Str.

Remarks,

18930004270

RETURN OF A BIRTH. 52023

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

ected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Dec 3rd 1893

4. Place of Birth, (Street and Number) 840 Prince St

5. Full Name of Mother, Linnie Coleman

6. Mother's Maiden Name, " " Jones

7. Mother's Birthplace, Alexandria Virginia

8. Full Name of Father, Handy Coleman

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Alexandria Virginia

Name of Medical Attendant, or other person who makes this Return, Charlotte Williams

Address, Charlotte 910 Madisonball St

Remarks,

18930004271

RETURN OF A BIRTH. 52024 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th child

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) White

Date of Birth, December 4th 1893

Place of Birth, (Street and Number) 1115 N. Bond St

Full Name of Mother, Mary Behrens

Mother's Maiden Name, Mueller

Mother's Birthplace, Balto. Md.

Full Name of Father, Bernard Behrens

Father's Occupation, Clerk

Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Francis A. Sauerheid

Address, 439 N. Central Ave.

Remarks,

Persons who neglect to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 550 25

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Child
 2. Sex, (state whether male or female) Boy
 3. Race or Color, (if not of the white race) White Race
 4. Date of Birth, Borne Dec 4th, 1893
 5. Place of Birth, (Street and Number) #1836 No. Henry Str
 6. Full Name of Mother, Mrs Sophie Kahro
 7. Mother's Maiden Name, Meiss " Reissger
 8. Mother's Birthplace, Hirschberg Germany
 9. Full Name of Father, Henry Kahro
 10. Father's Occupation, Labor
 11. Father's Birthplace, Bayern Germany
 12. Name of Medical Attendant, or other person who makes this Return, Mrs. Miller
 13. Address, #2127 W. Pratt Str
 14. Remarks,

1 8 9 5 0 0 4 2 7 3

RETURN OF A BIRTH. 55026

GIVEN NAME ADDED, 11-2-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Elma M. Fadumy

of Child of Mother, (state whether 1st, 2d, 3d, etc.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec. 4, 1903

4. Place of Birth, (Street and Number)

677 Columbia Ave.

5. Full Name of Mother,

Miss Fadumy

6. Mother's Maiden Name,

Hebecht

7. Mother's Birthplace,

Italy

8. Full Name of Father,

Frank Fadumy

9. Father's Occupation

Machinist

Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return,

Dr. L. B. Shaden

Address,

415 N. Paca

Remarks,

1 8 9 3 0 0 4 2 7 4

RETURN OF A BIRTH. 52027 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *December 1st 1893*

4. Place of Birth, (Street and Number) *556 Azalea Street*

5. Full Name of Mother, *Josephine Parker*

6. Mother's Maiden Name, *Josephine Parker*

7. Mother's Birthplace, *Virginia*

8. Full Name of Father, *Levin Kimp*

9. Father's Occupation, *Do not know*

10. Father's Birthplace, *Do not know*

Name of Medical Attendant, or other person who makes this Return, *Dr. Langille, W. B.*

Address, *1150 W Biddle Street*

Remarks, _____

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

52028

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *third child*
- Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *colored*
3. Date of Birth, *December 4 1893*
4. Place of Birth, (Street and Number) *725 China Street*
5. Full Name of Mother, *Annice Bailey*
6. Mother's Maiden Name, *Annie Brown*
7. Mother's Birthplace, *Baltimore City*
8. Full Name of Father, *Edmond Bailey*
9. Father's Occupation, *Painter*
10. Father's Birthplace, *George Town*
- Name of Medical Attendant, or other person who makes this Return. *Bridget Hunt*
- Address,
- Remarks,

RETURN OF A BIRTH. 52029

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 4. December

4. Place of Birth, (Street and Number) No 16 72

5. Full Name of Mother, Theresa Hanus

6. Mother's Maiden Name, Theresa Hanus

7. Mother's Birthplace, Bohemia Bohemia

8. Full Name of Father, Frank Hanus

9. Father's Occupation Binder

10. Father's Birthplace, Pharsia

Name of Medical Attendant, or other person who makes this Return, Alvin Schreder

Address, 200 Durham St

Remarks,

8930004277

RETURN OF A BIRTH. 52030

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec. 14th 1893

4. Place of Birth, (Street and Number) 2, 27 S. Gresham Street, Balt.

5. Full Name of Mother, Mary J. Hermann

6. Mother's Maiden Name, Hartmann

7. Mother's Birthplace, Prussia

8. Full Name of Father, Wm. R. Hermann

9. Father's Occupation, Longest Fireman

10. Father's Birthplace, Kingston, Conn.

Name of Medical Attendant, or other person who makes this Return, Mrs. H. E. Morris

Address, 212 A. Patterson Park Ave.

Remarks, _____

8930004278

jected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 52031

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

African

3. Date of Birth,

Dec 16 1882

4. Place of Birth (Street and Number),

119 Taylor St

5. Full Name of Mother,

Ella Walter

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

C. K. Bernard M.D.

Address,

100 Park Ave

Remarks,

8930504279

who shall hereafter fail to comply with the provisions of this section shall be liable for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52032

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, George E Wagner, Jr.

Second

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

December 5th 1893

4. Place of Birth, (Street and Number)

505 N. Fremont St

5. Full Name of Mother,

Sadie E. Wagner

6. Mother's Maiden Name,

Sadie E. Parsons

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

George E. Wagner

9. Father's Occupation,

Blacksmith

Father's Birthplace,

Harford Co Md

Name of Medical Attendant,

or other person who makes this return.

James E. Williams

Address,

508 N. Fremont St

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

8930004280

RETURN OF A BIRTH 5203.3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth 11

1. Sex (state whether male or female).

Female

2. Race or Color (if not of the white race),

White

3. Date of Birth,...

Dec 5 1893

4. Place of Birth (Street and Number),

326 Mynder St

5. Full Name of Mother,

Josephine Simmons

6. Mother's Maiden Name,

" " " " Acton

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Frank Simmons

9. Father's Occupation,

Labor

10. Father's Birthplace,

Rochester Co. Pa

Name of Medical Attendant, or other person who makes this Return.

Mrs. E. Donaldson

Address,

1811 Westphal St

Remarks,

Mother of child due

who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of not more than \$100 for each offence, to be recovered as other fines and forfeitures are recoverable.

8930004281

RETURN OF A BIRTH. 53034

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, December 6 1893
 4. Place of Birth, (Street and Number) 1910 Hanover St
 5. Full Name of Mother, Louisa Viedemyer
 6. Mother's Maiden Name, Louisa Samuel
 7. Mother's Birthplace, Baltimore Md
 8. Full Name of Father, Louis Viedemyer
 9. Father's Occupation, Fisherman
 10. Father's Birthplace, Germany
 Name of Medical Attendant, or other person who makes this Return, Ellenmore A. Anderson
 Address, 1434 Palapoco St
 Remarks,

18930004282

RETURN OF A BIRTH. 52035

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-11

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 6 1893

4. Place of Birth, (Street and Number) 927 West St

5. Full Name of Mother, Mary E. Gentry

6. Mother's Maiden Name, Boston

7. Mother's Birthplace, George

8. Full Name of Father, George

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary E. Bentley

Address, 927 West St

Remarks, Child living

any such person or persons who shall refuse to sign this Return and to comply with the provisions of this Act shall be liable to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52036

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Caucasoid

3. Date of Birth, Dec 7th 1893

4. Place of Birth, (Street and Number) # 655 Broadway, N.Y.

5. Full Name of Mother, Annie Monroe

6. Mother's Maiden Name, Pettyman

7. Mother's Birthplace, Talbot County

8. Full Name of Father, Cornelius Monroe

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Charlotte Williams

Address, # 910 Leadenhall St.

Remarks, _____

8 9 3 0 0 0 4 2 8 4

For each offence, to be recovered as other fines and forfeitures are recoverable. Penalties to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. ⁵²⁰³⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth 7th Dec. 1893

4. Place of Birth, (Street and Number) 808 Ramsey St.

5. Full Name of Mother, Mary Mary

6. Mother's Maiden Name, " Langan

7. Mother's Birthplace, Ireland

8. Full Name of Father, Henry Mary

9. Father's Occupation, Engineer

10. Father's Birthplace, Adams Co. Pa.

☒ Name of Medical Attendant, or other Person who makes this Return. Dr. C. C. C.

Address, 409 S. E. 1st St.

Remarks, _____

RETURN OF A BIRTH.

52038

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

penalty to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

7th Dec 1893

4. Place of Birth, (Street and Number)

117 S. Anne St

5. Full Name of Mother,

Mother White

6. Mother's Maiden Name,

Radgers

7. Mother's Birthplace,

Danvers, Sept. Co. Md

8. Full Name of Father,

Samuel J. White

9. Father's Occupation,

Box Maker

10. Father's Birthplace,

Danvers, Sept. Co. Md

Name of Medical Attendant, or other person who makes this Return.

Dr. J. Danvers

Address,

2024 E Pratt St

Remarks,

no for doing used

18930004286

RETURN OF A BIRTH. 53039

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any person or persons who shall hereafter fail to comply with the provisions of this act, or who shall hereafter fail to file a true and correct copy of this return with the Registrar of Vital Statistics, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2. Child
1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White Race
3. Date of Birth, Born Dec 7th 1893
4. Place of Birth, (Street and Number) # 1912 W. Lombard Str
5. Full Name of Mother, Mrs Hannah Davis
6. Mother's Maiden Name, Miss " Shriver
7. Mother's Birthplace, Kent County
8. Full Name of Father, Robert Davis
9. Father's Occupation, Labor
- Father's Birthplace, Kent County
- Name of Medical Attendant, Mrs. Miller or other person who makes this Return.
- Address, # 2127 W. Pratt Str
- Remarks, _____

8 9 3 0 0 0 4 2 8 7

Persons or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53040

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 7 1893

4. Place of Birth, (Street and Number) 519 E Pratt St

5. Full Name of Mother, Augusta M Branch

6. Mother's Maiden Name, Ernest

7. Mother's Birthplace, Balt Md

8. Full Name of Father, John S Branch

9. Father's Occupation, Fireman

10. Father's Birthplace, Balt Md

Name of Medical Attendant, or other person who makes this Return, Chas A Davenport

Address, 2024 E Pratt St

Remarks, Living well

1 8 9 3 0 0 0 4 2 8 8

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED. 4-7-52
RETURN OF A BIRTH. 55041

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Frederick Adam Hahn 7. Child
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White Race
3. Date of Birth, Born Dec 7th 1893
4. Place of Birth, (Street and Number) # 1944 W. Pratt Str
5. Full Name of Mother, Mrs Lizzie Hahn
6. Mother's Maiden Name, Miss S. Snippe
7. Mother's Birthplace, Balto City
8. Full Name of Father, Henry Hahn
9. Father's Occupation, Baker
10. Father's Birthplace, Balto City
Name of Medical Attendant, or other person who makes this Return, Mrs. Miller
Address, # 2127 W. Pratt Str
Remarks,

8 9 3 0 0 4 2 8 9

RETURN OF A BIRTH

53042

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (State whether male or female) *Female*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *7 of December, 1898*

4. Place of Birth, (Street and Number) *828 W. Dallas St*

5. Full Name of Mother, *Barbara Vanecek*

6. Mother's Maiden Name, *Barbara Frank*

7. Mother's Birthplace, *Bohemia*

8. Full Name of Father, *Frank Vanecek*

9. Father's Occupation, *Shoemaker*

10. Father's Birthplace, *Bohemia*

Name of Medical Attendant, or other person who makes this Return, *John Parouch*

Address, *1641 W. 1st St*

Remarks,

1893004290

any such person or persons who shall fail to comply with the provisions of this act, shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53043

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Persons required, and
penalties for failure to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 0th Child
 Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) Colored.
 3. Date of Birth, Dec 9th 1893.
 4. Place of Birth, (Street and Number) Baltimore City 77d Hunter St
 5. Full Name of Mother, Cester Proctor
 6. Mother's Maiden Name, Cester Jackson
 7. Mother's Birthplace, Anna, Anna Co.
 8. Full Name of Father, Abraham Proctor
 9. Father's Occupation, Laboury
 10. Father's Birthplace, Frederick
 Name of Medical Attendant, or other person who makes this Return, Mrs Delia Howard
 Address, #1013 Chapel St.
 Remarks,

5930004291

RETURN OF A BIRTH. 53044

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

4th.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *December 9/93*

4. Place of Birth, (Street and Number) *242 S. Collington Ave.*

5. Full Name of Mother, *Mary R. Patience*

6. Mother's Maiden Name, *Mary R. Carter*

7. Mother's Birthplace, *Balt. Md.*

8. Full Name of Father, *James Patience*

9. Father's Occupation, *Sea Captain*

10. Father's Birthplace, *Portland*

Name of Medical Attendant, or other person who makes this Return, *J. S. Braden Jr. M.D.*

Address, *400 S. Broadway*

Remarks, *Born 12 min.*

18930004292

Persons who omit hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

52045

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 20

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, December 9/93

4. Place of Birth, (Street and Number) 1804 Carolan

5. Full Name of Mother, Agnes Brown

6. Mother's Maiden Name, Colston

7. Mother's Birthplace, Balt Co Md

8. Full Name of Father, John Brown

9. Father's Occupation, Laborer

10. Father's Birthplace, Balt Co Md

Name of Medical Attendant, or other person who makes this Return. Ed. Wilson M.D.

Address, 1501 Preston

Remarks,

1-6930004293

RETURN OF A BIRTH.

62046

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

penalty of such persons as shall neglect to file, in the manner and within the period above required, and shall be subject to the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Blk

3. Date of Birth,

Dec. 2 1893

4. Place of Birth, (Street and Number)

202 S. Dallas St

5. Full Name of Mother,

Mary Jane Barnum

6. Mother's Maiden Name,

Basie

7. Mother's Birthplace,

Brockton Co. Md

8. Full Name of Father,

Jacob Barnum

9. Father's Occupation

Labrer

10. Father's Birthplace,

Bald. Md.

Name of Medical Attendant, or other person who makes this Return.

Rumansfield M D

Address,

125 Broadway

Remarks,

8930004294

RETURN OF A BIRTH.

53047

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 1st 1893
4. Place of Birth, (Street and Number) 1111 1st Ave. S. Baltimore
5. Full Name of Mother, Anna C. Smith
6. Mother's Maiden Name, Anna C. Smith
7. Mother's Birthplace, Indiana
8. Full Name of Father, John H. Smith
9. Father's Occupation, Ind. Mgr.
10. Father's Birthplace, Indiana
- Name of Medical Attendant, or other person who makes this Return, Susan Stanton
- Address, 2311 Bayview St
- Remarks, _____

18930004295

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52048

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1
Female

1. Sex, (state whether male or female).

White

2. Race or Color, (if not of the white race)

Dec. 3/93.

3. Date of Birth,

1427 W Lexington

4. Place of Birth, (Street and Number)

Nettie E Skinner

5. Full Name of Mother,

House

6. Mother's Maiden Name,

Baltimore

7. Mother's Birthplace,

Maurice E Skinner

8. Full Name of Father,

Lawyer

9. Father's Occupation,

Baltimore

10. Father's Birthplace,

Thomas Obie met

Name of Medical Attendant, or other person who makes this Return,

219 W. Monument St

Address,

Remarks,

18930004296

RETURN OF A BIRTH.

GIVEN NAME ADDED 9-30-60

52049

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Fred A. Harman

2 Philad

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

December 3/25 1893

4. Place of Birth, (Street and Number)

55-4 Union St.

5. Full Name of Mother,

Mary B. Harman

6. Mother's Maiden Name,

Mary B. Rahming

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

H. L. Harman

9. Father's Occupation

Printer

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Susan Hughes

Address,

23 W. Poppleton St

Remarks,

8930004297

RETURN OF A BIRTH. 52058

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *December 14* *1893*
4. Place of Birth, (Street and Number) *21 Mulberry St*
5. Full Name of Mother, *Annie M. Green*
6. Mother's Maiden Name, *Annie M. Leigh*
7. Mother's Birthplace, *Balto County, Md*
8. Full Name of Father, *Leaac Wyre*
9. Father's Occupation, *horse shoer*
10. ☒ Father's Birthplace, *Balto County, Md*
- Name of Medical Attendant, or other person who makes this Return, *Wm Hunter*
- Address, *23 W Payson St*
- Remarks, _____

18930004298

Persons who fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52051

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Eighth Child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *7th December 1893*
4. Place of Birth, (Street and Number) *Baltimore City 434 S. Tucker St*
5. Full Name of Mother, *Mary E. Jones*
6. Mother's Maiden Name, *J. E. Smith*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Charles Jones*
9. Father's Occupation, *House Painter*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other person who makes this Return, *Dr. Henry Jones*
- Address, *414 S. Tucker St. Baltimore Md.*
- Remarks, *Noted and Child in living state*

8930004299

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race).....

3. Date of Birth,.....

4. Place of Birth, (Street and Number).....

5. Full Name of Mother,.....

6. Mother's Maiden Name,.....

7. Mother's Birthplace,.....

8. Full Name of Father,.....

9. Father's Occupation.....

10. Father's Birthplace,.....

Name of Medical Attendant, or other person who makes this Return,.....

Address,.....

Remarks,.....

36 Kid

Male

Of Race

Dec. 1/92

#30 Little Front Street

Bessie Stineborg

Russia

Stineborg

Cloth Maker

Russia

Mrs. Lena Butler

44 E. York Street.

18930004300

RETURN OF A BIRTH 52053

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Female*

2. Race or color, (if not of the white race) *White*

3. Date of Birth, *December 1, 1893*

4. Place of Birth, (Street and Number) *225 S. Calhoun St.*

5. Full Name of Mother, *Martha Stevenson*

6. Mother's Maiden Name, *Martha Taylor*

7. Mother's Birthplace, *Baltimore Md.*

8. Full Name of Father, *Ernest Stevenson*

9. Father's Occupation, *Candy Maker*

10. Father's Birthplace, *Virginia*

Name of Medical Attendant, or other person who makes this Return, *D. W. Mace Md.*

Address, *916 Edison Ave.*

Remarks,

18930004301

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52054

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec. 1st

4. Place of Birth, (Street and Number) Boston St. 3052

5. Full Name of Mother, Eva Padrada

6. Mother's Maiden Name, Katz

7. Mother's Birthplace, Germany

8. Full Name of Father, Joseph Padrada

9. Father's Occupation, Laborer

10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Harry Krozka

Address, 602 Bond St.

Remarks, 1

8 9 3 0 0 0 4 3 0 2

RETURN OF A BIRTH. 52055 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

Sex, (state whether male or female) m

Race or Color, (if not of the white race)

Date of Birth, Dec 2, 93

Place of Birth, (Street and Number) 431 W Pratt St

Full Name of Mother, Ida Backradt

Mother's Maiden Name, Wundenlick

Mother's Birthplace, Germany

Full Name of Father, Geo. J. Backradt

Father's Occupation, Clerk

Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, J. W. Hensley

Address, 1001 E. Edmonson Ave

Remarks,

jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 52056

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 2, 1893

4. Place of Birth, (Street and Number) 423 McHugh St

5. Full Name of Mother, Maggie Harding

6. Mother's Maiden Name, Maggie Kister

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Walter S. Harding

9. Father's Occupation Religion

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, M. R. Leakey

Address, 213 E. McHugh St

Remarks, Spring Well

1 6 9 3 0 0 0 4 3 0 4

RETURN OF A BIRTH. 52057

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)— 3^d Child.
 1. Sex, (state whether male or female)— Female
 2. Race or Color, (if not of the white race)— White
 3. Date of Birth, Dec. 2, 1893
 4. Place of Birth, (Street and Number)— 1200 Hancock St
 5. Full Name of Mother, Kate Sealotte
 6. Mother's Maiden Name, Kate Reynolds
 7. Mother's Birthplace, Baltic
 8. Full Name of Father, William Sealotte
 9. Father's Occupation, Fireman
 10. Father's Birthplace, Baltimore
 Name of Medical Attendant, or other person who makes this Return, H. R. Caskey
 Address, 213 C. Seal & Co.
 Remarks, Young Man

8930004305

ected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd.*
 1. Sex, (state whether male or female) *male.*
 2. Race or Color, (if not of the white race) *white.*
 3. Date of Birth, *Dec. 2nd. 1893*
 4. Place of Birth, (Street and Number) *Poplar St. 21st.*
 5. Full Name of Mother, *Mrs. Staffman*
 6. Mother's Maiden Name, *Sarre*
 7. Mother's Birthplace, *Germany*
 8. Full Name of Father, *Joseph Hoffman*
 9. Father's Occupation, *Sailor*
 10. Father's Birthplace, *Germany.*
 Name of Medical Attendant, or other person who makes this Return, *Edw. Hunter*
 Address, *23 N. Bayreuther St.*
 Remarks,

18930004308

RETURN OF A BIRTH. 5-22-56 52059

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Eva Black

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

White

2. Race or Color, (if not of the white race)

Female, Girl

3. Date of Birth,

December 2, -1893

4. Place of Birth, (Street and Number)

J. E. Carter St. 11, no

5. Full Name of Mother,

Bessie Black.

6. Mother's Maiden Name,

Bessie Black.

7. Mother's Birthplace,

Russia.

8. Full Name of Father,

Sol. Black.

9. Father's Occupation,

Sailor

10. Father's Birthplace,

Russia

Name of Medical Attendant, or other person who makes this return,

Mrs. Y. Feldman.

Address, 1013

E. Lombard St.

Remarks,

18930004307

RETURN OF A BIRTH. 52060

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th child
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 2 December
4. Place of Birth, (Street and Number) 122 3. Ashmun st
5. Full Name of Mother, Mine Gossin
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Nat Gossin
9. Father's Occupation, Miner
- Father's Birthplace, Europe
- Name of Medical Attendant, or other person who makes this Return, Oliver Handler
- Address, 124 Ashmun st
- Remarks,

1 8 9 3 0 0 4 3 0 8

any child born of persons who marry hereafter and its copy will be the property of this section and all the same shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

52061

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Rec'd to the file of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
 1. Sex, (State whether male or female) Female
 2. Race or color, (if not of the white race) White
 3. Date of Birth, Dec 3 / 93
 4. Place of Birth, (Street and Number) 523 Avenue St
 5. Full Name of Mother, Clara B. Bookhult
 6. Mother's Maiden Name, Clara B. Carroll
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, William J. Bookhult
 9. Father's Occupation, Letter Carrier
 10. Father's Birthplace, Baltimore
 Name of Medical Attendant, or other person who makes this Return, Miss Anna M. Pelt
 Address, 1023 S. Charles St
 Remarks, City

8 9 3 0 0 0 4 3 0 9

RETURN OF A BIRTH. 52062

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the time specified in this section, and any such person or persons who shall hereafter fail to do so shall be liable to be recovered as other fines and penalties are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) is the 6. child.
 1. Sex, (state whether male or female) male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth. 4. 9 December.
 4. Place of Birth, (Street and Number) 17. Stoddard St.
 5. Full Name of Mother, Mary E. Fink.
 6. Mother's Maiden Name, Mary E. Fink.
 7. Mother's Birthplace, Baltimore County
 8. Full Name of Father, Anton Fink.
 9. Father's Occupation, Slayer.
 10. Father's Birthplace, Germany.
 Name of Medical Attendant, or other person who makes this Return, Elizabeth W. W. W.
 Address, Carroll P. O. Baltimore Md.
 Remarks,

1 8 9 3 0 0 0 4 3 1 0

RETURN OF A BIRTH.

52063

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense, to be recovered, as other fines and forfeitures are recoverable.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *4 of December*
4. Place of Birth, (Street and Number) *2316 Cambridge St.*
5. Full Name of Mother, *Theresa Tribull*
6. Mother's Maiden Name, *Hiehl*
7. Mother's Birthplace, *W. Persyien*
8. Full Name of Father, *Frank Tribull*
9. Father's Occupation, *labeler*
- Father's Birthplace, *W. Persyien*
- Name of Medical Attendant, or other person who makes this Return, *Mrs E. Davis*
- Address, *2522 Lancaster St.*
- Remarks,

18930004311

RETURN OF A BIRTH

52064

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Dec 7/93

4. Place of Birth, (Street and Number)

906 Hanger St

5. Full Name of Mother,

Isabella E. Young

6. Mother's Maiden Name,

Isabella E. Burger

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

William G. Young

9. Father's Occupation,

Doctor

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other person who makes this Return,

Mrs. Emma M. Polk

Address,

1023 S Charles St

Remarks,

City

18930004312

RETURN OF A BIRTH. 53065

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall herein fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th time
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 4 December
4. Place of Birth, (Street and Number) 1162 Lidal Hambleton St.
5. Full Name of Mother, Lil Livy
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Larry Livy
9. Father's Occupation, Soldier Europe
10. Father's Birthplace, Europe
- Name of Medical Attendant, or other person who makes this Return, Lillian Hambleton
- Address, 124 Lidal Gang St.
- Remarks,

8 9 3 0 0 0 4 3 1 3

RETURN OF A BIRTH. 53066

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 5th 1893

4. Place of Birth, (Street and Number) 2000 E. Queen St

5. Full Name of Mother, Barbara Williams

6. Mother's Maiden Name, Richman

7. Mother's Birthplace, Balt.

8. Full Name of Father, Harry C. Williams

9. Father's Occupation, Pilot

10. Father's Birthplace, Balt.

Name of Medical Attendant, S. H. Howard M.D.
or other person who makes this Return,

Address, 1501 E. Sagor St

Remarks,

8 9 3 0 0 0 4 3 1 4

RETURN OF A BIRTH. 52067

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female)

8th
Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec. 5th 1893

4. Place of Birth, (Street and Number)

No 19 W. Fremont Ave

5. Full Name of Mother,

Anna C. Hofstetter

6. Mother's Maiden Name,

Anna C. Stustbier

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Philip Hofstetter

9. Father's Occupation

Grocer & Provisions Dealer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return,

Susan Hunter

Address,

23 N. Poppleton St

Remarks,

acted to the line unless (1) dollars or each of them, to be recovered as other lines and, and figures are recoverable.

RETURN OF A BIRTH. 52068

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

2nd
 of Child of Mother, (state whether 1st, 2d, 3d, &c.)
 1. Sex, (state whether male or female) female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, December 5 1893
 4. Place of Birth, (Street and Number) 42 Stone Hill M.C.
 5. Full Name of Mother, Mary Burns
 6. Mother's Maiden Name, Schieswoke
 7. Mother's Birthplace, York, Pa.
 8. Full Name of Father, R. E. Burns
 9. Father's Occupation, Laborer
 10. Father's Birthplace, Balt. Co Md
 Name of Medical Attendant, or other person who makes this Return, Mary a Martin 2804 Cedar avenue
 Address,
 Remarks,

18930004316

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53069

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec. 6th

4. Place of Birth, (Street and Number) Gar Rice Ave. No. 1734

5. Full Name of Mother, Lizyia Dobrowski

6. Mother's Maiden Name, Dashinski

7. Mother's Birthplace, Poland

8. Full Name of Father, Joseph Dobrowski

9. Father's Occupation, Laborer

10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Mary Krochka

Address, 602 S. Bond St.

Remarks, _____

1 8 9 3 0 0 0 4 3 1 7

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Dec 8th

4. Place of Birth, (Street and Number) 409 Short Street

5. Full Name of Mother, Mrs Emma L. Bouldin

6. Mother's Maiden Name, Miss Emma L. Johnson

7. Mother's Birthplace, Baltimore, Maryland

8. Full Name of Father, George W. Bouldin

9. Father's Occupation, Driver

10. Father's Birthplace, Baltimore, Maryland

Name of Medical Attendant, or other person who makes this Return, Mrs. Caroline Patterson

Address, 401 Lewis Street

Remarks, as well as can be expected

6 7 3 6 7 0 4 3 1 8

RETURN OF A BIRTH. 52071

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9.

1. Sex, (state whether male or female) Male.

2. Race or Color, (if not of the white race) Colored.

3. Date of Birth, December 8th 1893.

4. Place of Birth, (Street and Number) 231 N. Durham street.

5. Full Name of Mother, Mary Jane Yorkman.

6. Mother's Maiden Name, Butler.

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, Samuel Yorkman.

9. Father's Occupation, Laborer.

10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Susan Cooper.

Address, 123 N. Durham street.

Remarks,

1 8 9 3 0 0 0 4 3 1 9

RETURN OF A BIRTH. 52072 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, 12-5-93 2:30 P.M.

4. Place of Birth, (Street and Number) 1022 Station St

5. Full Name of Mother, M. J.

6. Mother's Maiden Name, M. J. Tanner

7. Mother's Birthplace, Virginia

8. Full Name of Father, Joseph N. Machetti

9. Father's Occupation, Teamster

10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, M. J. Mack M.D.

Address, 1112 Rutan St North

Remarks, Live, present, no complications

1-893000-4320

deducted to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 5-11-59
RETURN- OF A BIRTH

2073

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Katherine Henrietta Geiglein

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex, (State whether male or female).

female

2. Race or color, (if not of the white race).

White

3. Date of Birth,

8th Dec. 73

4. Place of Birth, (Street and Number)

236 Fremont Ave.

5. Full Name of Mother,

Lottie Geiglein

6. Mother's Maiden Name,

" Nollers

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Alfred A. Geiglein

9. Father's Occupation,

Cigar maker

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mrs. Kate Geiglein

Address,

No. 805. Vine St.

Remarks,

18930004321

RETURN OF A BIRTH.

550 74

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

December 8th 1893

4. Place of Birth, (Street and Number)

212 Reese St.

5. Full Name of Mother,

Hettie C. Heitzel

6. Mother's Maiden Name,

Hettie C. Horstzel

7. Mother's Birthplace,

Baltimore, City Md

8. Full Name of Father,

Am J. Heitzel

9. Father's Occupation,

Brick Moulder

10. Father's Birthplace,

Baltimore Md.

Name of Medical Attendant, or other person who makes this Return,

A G Statton

Address,

1307 N. Central Ave

Remarks,

ected to the fine of ten (\$10) dollars for each offence, to be recovered as civil fines and forfeitures are recoverable.

RETURN OF A BIRTH 5²⁰ 76

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

Sex, (State whether male or female) Female

Race or color, (if not of the white race) White

Date of Birth, 8th Dec. 93

Place of Birth, (Street and Number) 674 Harw St.

Full Name of Mother, Maggie Bauernshub

Mother's Maiden Name, " Dorn

Mother's Birthplace, Baltimore

Full Name of Father, Joseph Bauernshub

Father's Occupation, Printer

Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Kate Geigley

Address, 805 Vine St.

Remarks,

jected to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 52076 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 1

Sex, (state whether male or female) female

Race or Color, (if not of the white race) Colored

Date of Birth, December 8

Place of Birth, (Street and Number) 1835 N Spring St

Full Name of Mother, Susan Taylor

Mother's Maiden Name, Susan Davis

Mother's Birthplace, Virginia

Full Name of Father, Henry Taylor

Father's Occupation, Laborer

Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Susan Morris

Address, N Spring St 1835

Remarks, every thing is right

1893 0004324

jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52077

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c) *2nd*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Polish*
3. Date of Birth, *Dec. 8-1893*
4. Place of Birth, (Street and Number) *# 29 W. Bond*
5. Full Name of Mother, *Anna Realey*
6. Mother's Maiden Name, *Unknown*
7. Mother's Birthplace, *Russia*
8. Full Name of Father, *Unknown*
9. Father's Occupation, *"*
10. Father's Birthplace, *"*
- Name of Medical Attendant, or other person who makes this Return, *Thomas S. Craig*
- Address, *# 215 29 W Bond St*
- Remarks, *"*

RETURN OF A BIRTH. 52078

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second
 1. Sex, (state whether male or female) female
 2. Race or Color, (if not of the white race) white
 3. Date of Birth, 8 of December 1893
 4. Place of Birth, (Street and Number) 1062 Granby St
 5. Full Name of Mother, Mary Lippman
 6. Mother's Maiden Name, Mary Levinson
 7. Mother's Birthplace, Russia Rowne State
 8. Full Name of Father, Charles Lippman
 9. Father's Occupation, Clothing Business
 10. Father's Birthplace, Russia Rowne State
 Name of Medical Attendant, or other person who makes this Return, Hyndes M.D.
 Address, 143 11 Front St
 Remarks,

18930004326

RETURN OF A BIRTH. 53080

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child
 1. Sex, (state whether male or female), Female
 2. Race or Color, (if not of the white race), —
 3. Date of Birth, 9 of December 1893
 4. Place of Birth, (Street and Number), 715 - Haverhill St
 5. Full Name of Mother, Lizzie Ludwig
 6. Mother's Maiden Name, Zinke
 7. Mother's Birthplace, Balto
 8. Full Name of Father, Henry Ludwig
 9. Father's Occupation, Carpenter
 10. Father's Birthplace, Germany
 Name of Medical Attendant, or other person who makes this Return, Wm. L. Gross
 Address, 1907 E. Haverhill St
 Remarks, —

+ 6 9 3 0 0 0 4 3 2 8

RETURN OF A BIRTH. 52081

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d child
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, Apr 9 1893
 4. Place of Birth, (Street and Number) 1714 Byrd St
 5. Full Name of Mother, Lizzie Chapman
 6. Mother's Maiden Name, Lizzie Whitebeck
 7. Mother's Birthplace, Balti
 8. Full Name of Father, David Chapman
 9. Father's Occupation, laborer
 10. Father's Birthplace, Balti
 Name of Medical Attendant, or other person who makes this Return, Dr. W. G. Goshen
 Address, 213 E. North St
 Remarks, Living Well

1 8 9 3 0 0 4 3 2 9

RETURN OF A BIRTH. 52082

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 2^d of December 1893

4. Place of Birth, (Street and Number) 1420 Philpot Alley

5. Full Name of Mother, Annie Haupt

6. Mother's Maiden Name, Fischer

7. Mother's Birthplace, Germany

8. Full Name of Father, Joseph Haupt

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, M. C. Lewis

Address, 1907 W. Monument St.

Remarks,

RETURN OF A BIRTH. 520 83

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First Child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Dec. 7 1893*

4. Place of Birth, (Street and Number) *126 Twenty Second St.*

5. Full Name of Mother, *Emma Brook*

6. Mother's Maiden Name, *Emma Orr*

7. Mother's Birthplace, *Bald.*

8. Full Name of Father, *Wm H. Brook*

9. Father's Occupation, *Book*

10. Father's Birthplace, *Bald.*

Name of Medical Attendant, or other person who makes this Return, *R. W. Mansfield M.D.*

Address, *129 Broadway*

Remarks, _____

1 8 9 3 0 0 0 4 3 3 1

subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

52084

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

Male
Blond
Dec 7
841 Avenue
Addie Rebecca Proctor
Addie Proctor
Cathman and
Cathman and Proctor
Coachman
Cathman
Sophia Johnson
Shelter Bridge St

18930004332

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

penalty of \$100 for each offense, to be recovered as civil fines and forfeitures are recoverable.

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *9 Dec. 1893*
4. Place of Birth, (Street and Number) *900 E. Monument*
5. Full Name of Mother, *Mary E. Hamme*
6. Mother's Maiden Name, *Perry*
7. Mother's Birthplace, *City*
8. Full Name of Father, *Henry B. Perry*
9. Father's Birthplace, *City*
10. Father's Occupation, *Mrs. Lamb*
11. Name of Medical Attendant, or other person who makes this Return.
12. Address.
13. Remarks.

RETURN OF A BIRTH. 52086

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Dec. 2, 1893.*

4. Place of Birth, (Street and Number) *1530 S. Charles St.*

5. Full Name of Mother, *Mary Smith*

6. Mother's Maiden Name, *Mary Foster*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John Smith*

9. Father's Occupation, *Railroader*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *Dr. R. J. J. J.*

Address, *2135 North St.*

Remarks, *Living Well*

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Paid to the fee of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 52088

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Child of Mother, (state whether 1st, 2d, 3d, &c.) Birth
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) Colored
4. Date of Birth, December 10th 1893
5. Place of Birth, (Street and Number) No 322 Park St
6. Full Name of Mother, Annie Williams
7. Mother's Maiden Name, Mason
8. Mother's Birthplace, Carroll Co. Md
9. Full Name of Father, Marcellus Williams
10. Father's Occupation, Writer
11. Father's Birthplace, Prince George Co. Md
- Name of Medical Attendant, or other person who makes this Return, Franklin Johnson
- Address, No 1024 Park Ave
- Remarks, _____

1 6 9 3 0 0 0 4 3 3 5

RETURN OF A BIRTH.

53089

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 10 of December

4. Place of Birth, (Street and Number) 209 E. 9th St.

5. Full Name of Mother, Mary Williams

6. Mother's Maiden Name, = Fekely

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Williams

9. Father's Occupation, Laborer

Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Weiss.

Address, 2522 Lancaster St.

Remarks,

any case, person or persons who shall be guilty of any violation of this section, shall be subject to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

GIVEN NAME ADDED.

2-14-62

52090

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Anna Abrahams

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 10 of December 1893

4. Place of Birth, (Street and Number) 2881 B. Lanell St.

5. Full Name of Mother, Rachel D. Abrahams

6. Mother's Maiden Name, Justman

7. Mother's Birthplace, Germany

8. Full Name of Father, Henry D. Abrahams

9. Father's Occupation, Labeler

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, E. Weiss

Address, 2522 Lancaster St.

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 7-21-54
RETURN OF A BIRTH 3 20 71

of Registrar of Vital Statistics, Board of Health, Baltimore City.

Virginia Bowen Pierce
her, state whether 1st, 2d, 3d, &c.) Second

her male or female) Female

if not of the white race) White

December 10th, 1893.

Street and Number, 23 - S. Broadway

Mother, Della E. Pierce

n Name, Della E. Bounds

lace, Quantico, Md.

ather, Herbert W. Pierce

rtion, Maryland, Engineer

place, Baltimore

al Attendant, or other person who makes this Return, H. Lashill, Jr., M.D.

at S. Broadway

Born 8.15. A.M.

097000433

jected to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 52092

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *December 10. 1893*
4. Place of Birth, (Street and Number) *No. 1613 Ashland Ave.*
5. Full Name of Mother, *Augusta Batz*
6. Mother's Maiden Name, *Augusta Eisinger*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *William Batz*
9. Father's Occupation, *Clergyman.*
Father's Birthplace, *Buffalo New York*
Name of Medical Attendant, or other person who makes this Return, *W. C. Sandrock*
Address, *1242 N. Broadway*
Remarks,

RETURN OF A BIRTH. 520 93

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sunday December 10, 1893

4. Place of Birth, (Street and Number) No 1108 Elizabeth Lane

5. Full Name of Mother, Katherine Mc Elliott

6. Mother's Maiden Name, Katherine Mc Gubel

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles H. Mc Elliott

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Katherine Hornung.

Address, No 1517 Byrd St City

Remarks,

18930004340

RETURN OF A BIRTH. 52094

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White Girl

3. Date of Birth, December 11th

4. Place of Birth, (Street and Number) 100 Salisbury St.

5. Full Name of Mother, Dora Lot.

6. Mother's Maiden Name, Dora Pargament.

7. Mother's Birthplace, Russia.

8. Full Name of Father, Robert Lot.

9. Father's Occupation, Tailor.

10. Father's Birthplace, Russia.

Name of Medical Attendant, Mrs. Y. Feldman.
or other person who makes this Return

Address, 1013 E. Lombard St.

Remarks,

GIVEN NAME ADDED, 7/14/60

RETURN

OF A BIRTH 550 95

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Clarence William Louis Hooper
of Child of Mother, (state whether 1st, 2d, 3d, &c.)
Sex, (State whether male or female) Male
Race or color, (if not of the white race) White
3. Date of Birth, 11th Dec. 13
4. Place of Birth, (Street and Number) 120 Fremont Ave.
5. Full Name of Mother, Lizzie Hooper
6. Mother's Maiden Name, " Klinsinger
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Clarence Hooper
9. Father's Occupation, Carpenter
Father's Birthplace, Baltimore
Name of Medical Attendant, or other person who makes this Return, Mrs. Kate Hooper
Address, 805 Vine St.
Remarks,

any person or persons who shall knowingly or negligently fail to comply with the provisions of this act, shall be liable to a fine of ten (10) dollars for each offense, to be recovered by the State.

16930004342

RETURN OF A BIRTH. 3207
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
Sex, (state whether ~~male~~ or female)
Race or Color, (if not of the white race)
2. Date of Birth, Dec. 11th. 93
3. Place of Birth, (Street and Number) 1527 E. Fayette St.
4. Full Name of Mother, Stephanie Bernola K
Place of Mother's Maiden Name, Kovalewka
Full Mother's Birthplace, Russia
Full Name of Father, Joseph
Father's Occupation, Bookkeeper
Father's Birthplace, Vienna
Name of Medical Attendant, or other person who makes this Return, Dr. John Vanacci
Address, 316 N. Bond St.
Remarks,

RETURN OF A BIRTH. 52107

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Helen Elsie Thomson 2nd.
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8
 Sex, (state whether male or female) X
 2. Race or Color, (if not of the white race) X
 3. Date of Birth, Dec 12, 1913
 4. Place of Birth, (Street and Number) 1034 E. Washington Ave
 5. Full Name of Mother, Bessie (Thompson) Thomson
 6. Mother's Maiden Name, Baehlan
 7. Mother's Birthplace, Balto.
 8. Full Name of Father, Wm H. (Thompson) Thomson
 9. Father's Occupation, Manager of Property Co
 10. Father's Birthplace, Balto.
 Name of Medical Attendant, or other person who makes this Return, J. W. Hurdley
 Address, 1007 E. Madison Ave
 Remarks, _____

jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

CORRECTION

**The preceding document has been re-
photographed to assure legibility and its
image appears immediately hereafter.**

STATE OF MARYLAND

**HR-RM 32
(4-1-64)
Hall of Records Commission**

jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN

To the Office of Registrar

Statistics, Board of Health, Baltimore City.

Name: *Helen Eliza*
No. of Child of Mother, (state whether

1st. 2nd.
&c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the

3. Date of Birth,

4. Place of Birth, (Street and No.

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

Address,

Remarks,

73
Edmondson Ave
(Thompson) Thomson
Chlorine

(Wm Thompson) Thomson
Superior Photo Co

Mr. Hendley
Baltimore

RETURN OF A BIRTH.

52102

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 12th
4. Place of Birth, (Street and Number) Alice Ann St. 1734
5. Full Name of Mother, Kate Krull
6. Mother's Maiden Name, Roman
7. Mother's Birthplace, Poland
8. Full Name of Father, Frank Krull
9. Father's Occupation, Labour
10. Father's Birthplace, Poland
- Name of Medical Attendant, or other person who makes this Return, Henry Kozka
- Address, 602 Bond St.
- Remarks, _____

jected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52103

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... Third
 Sex, (state whether male or female)... Female
 Race or Color, (if not of the white race)... Yellow
 Date of Birth... Dec. 12th - 1893
 Place of Birth, (Street and Number)... 524 Stockton St.
 Full Name of Mother... Mamie Price
 Mother's Maiden Name... Mamie Doran
 Mother's Birthplace... Baltimore
 Full Name of Father... Robert Lewis Price
 Father's Occupation... Driver
 Father's Birthplace... Baltimore
 Name of Medical Attendant, or other person who makes this Return... C. M. Cook M.D.
 Address... 622 George St.
 Remarks,

Jeeted to the fine of ten (10) dollars for each offence, to be recovered as other fines and for failures are recoverable.

1 6 9 3 0 0 0 4 3 4 5

RETURN OF A DEATH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (State whether ~~male~~ or female)

1. Sex, (State whether ~~male~~ or female)

Race or color, ~~(it was of the white race)~~

3. *Date of Birth,*

4. Place of Birth, (Street and Number) London

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father.*

9. *Father's Occupation,*

10. *Father's Birthplace,*

10. *Further's Birthplace,*
Name of Medical Attendant, or other person who makes the Return.
14713

Address.

Remarks,

RETURN OF A BIRTH. 52105

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

Sex, (state whether male or female) ~~female~~

2. Race or Color, (if not of the white race)

3. Date of Birth, Dec. 13th 93

4. Place of Birth, (Street and Number) 1077 W. Lexington

5. Full Name of Mother, Annie Mc Guffin

6. Mother's Maiden Name, Hein

7. Mother's Birthplace, Fred Leo Ma

8. Full Name of Father, Charles E Mc Guffin

9. Father's Occupation, Time Keeper B&O

10. Father's Birthplace, Fred Leo Ma

Name of Medical Attendant, or other person who makes this Return, Annan & Will M.D.

Address, 1401 W. Fayette St.

Remarks,

18930504340

RETURN OF A BIRTH. 52106

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, Dec 12th

4. Place of Birth, (Street and Number) 1121 Myrtle Ave.

5. Full Name of Mother, Maffie A. Bossle

6. Mother's Maiden Name, McDonald

7. Mother's Birthplace, Balt. City

8. Full Name of Father, Jas. H. Bossle

9. Father's Occupation, Baker

10. Father's Birthplace, Balt. City

Name of Medical Attendant, or other person who makes this Return, John B. Huck

Address, 647 N. Lafayette St. Ark

Remarks,

18930004349

RETURN OF A BIRTH.

52107

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

of Child of Mother, (state whether 1st, ~~2nd~~, ~~3rd~~, ~~4th~~)

First

1. Sex (state whether ~~Male~~ Female).

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

December 13th 1893.

4. Place of Birth (Street and Number)

#560 Wilson St.

5. Full Name of Mother

Sallie M. O'Keef

6. Mother's Maiden Name

Koffler

7. Mother's Birthplace

Maryland

8. Full Name of Father

Owen S. O'Keef

9. Father's Occupation

Mechanic

10. Father's Birthplace

Maryland

Name of Medical Attendant, or other Person who makes this Return.

J. W. Dodge, Hammond M. D.

Address

#502 N. Cary St.

Remarks

18930604350

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Dec 15th 1893*

4. Place of Birth, (Street and Number) *2826 Dunwoody*

5. Full Name of Mother, *Lizzie Gutwache*

6. Mother's Maiden Name, *Hirst*

7. Mother's Birthplace, *England*

8. Full Name of Father, *Abraam Gutwache*

9. Father's Occupation, *Seaman*

10. Father's Birthplace, *England*

Name of Medical Attendant, or other person who makes this Return, *Geo B. Reynolds*

Address, *711 N. Calvert*

Remarks,

RETURN OF A BIRTH.

52188

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report its birth to the Registrar of the City of Baltimore, and to file a copy of this return with the Registrar of the County of Baltimore, and to pay the fee of ten dollars for each child, and to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

occ. 13. P3

3. Date of Birth,

42-12-4-1888

4. Place of Birth, (Street and Number)

Mr. Elizabeth Dorothea Baccus Michel

5. Full Name of Mother,

Mr. " " Baccus

6. Mother's Maiden Name,

Baltimore, Md

7. Mother's Birthplace,

Frank George Michel

8. Full Name of Father,

Boy Phuaface

9. Father's Occupation,

Baltimore Md

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other person who makes this Return,

Dr. G. L. Smith (Child)

Address,

2000 1st St. N. Baltimore

Remarks,

Normal Delivery

18930004352

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52109

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

5th.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race) White Race

3. Date of Birth, Dec. 13/95

4. Place of Birth, (Street and Number) No. 20.50 Olive St.

5. Full Name of Mother, Mary Thomas

6. Mother's Maiden Name, J. E. Clark.

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, John T. Thomas

9. Father's Occupation, Registrar

10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Dr. J. J. Jones

Address, No. 1608 S. J. Charles St.

Remarks, Yours Respectfully;

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 3-27-54

RETURN OF A BIRTH. 52110

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Harry B. Boyd

39

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Male

White

December 13/93

1337 N. High Street

Mary Boyd

Castle

Baltimore

W. B. Boyd

Agro-Manufacturer

Baltimore

Edw. W. Jones M.D.

1501 Preston Ave

attendance upon the mother, immediately after the birth of the child, in the manner and within the period above required, and
child not born in this city, shall be subject to the provisions of this section shall be sub-
and such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 52111

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

11th Child.

1. Sex, (state whether male or female)

Female.

2. Race or Color, (if not of the white race)

White.

3. Date of Birth,

Dec^r 13-1893.

4. Place of Birth, (Street and Number)

403 Sweet-eth St.

5. Full Name of Mother,

Lida Suman.

6. Mother's Maiden Name,

Lida Pitts.

7. Mother's Birthplace,

Baltimore.

8. Full Name of Father,

Jr.^s G. Suman.

9. Father's Occupation,

Clerk.

10. Father's Birthplace,

Frederick City.

Name of Medical Attendant, or other person who makes this Return.

J. F. Powell M.D.

Address,

2124 St. Paul St.

Remarks,

Child healthy.

RETURN OF A BIRTH 52112 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

December 14th 1893

4. Place of Birth, (Street and Number)

580 St. Marys St.

5. Full Name of Mother,

Clara Isabella Hill

6. Mother's Maiden Name,

Clara Isabella Brown

7. Mother's Birthplace,

West River - Md.

8. Full Name of Father,

Charles Hill

9. Father's Occupation,

Porter

10. Father's Birthplace,

Frederick City, Md.

Name of Medical Attendant, or other person who makes this Return,

Louis Eaton, M.D.

Address,

1010 McCulloh St. - Balt. Md.

Remarks,

18930004356

any person who shall neglect to comply with the provisions of this section shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

attendance upon the mother, during the period above required, and child to represent the person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52113

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth child
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Dec. 14, 1893
4. Place of Birth, (Street and Number) 2208 E. Pratt St.
5. Full Name of Mother, Anna Thompson
6. Mother's Maiden Name, Baker
7. Mother's Birthplace, Bald.
8. Full Name of Father, Richard Thompson
9. Father's Occupation, Pilot
10. Father's Birthplace, Bald.
Name of Medical Attendant, or other person who makes this Return, R. W. Mansfield M.D.
Address, 129 Broadway
Remarks, + 6930004357

RETURN OF A BIRTH 52115

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Negro

3. Date of Birth, Dec 14 - '93

4. Place of Birth, (Street and Number) 1221 Shields Alley. Balto.

5. Full Name of Mother, Lizzie Johnson

6. Mother's Maiden Name,

7. Mother's Birthplace, Lancaster Co. Virginia

8. Full Name of Father, Walter Johnson

9. Father's Occupation, Barber

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Ellis J. Reed

Address, 1100 Mc Culloch St.

Remarks,

1 8 9 3 0 0 0 4 3 5 9

RETURN OF A BIRTH

52116

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: John W. Atkinson
No. of Child of Mother, (State whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) male
 2. Race or Color, (if not of the white race) white
 3. Date of Birth, Dec. 14 1893
 4. Place of Birth, (Street and Number) 1105 W. Parcatage St.
 5. Full Name of Mother, Lucy Heathcote Atkinson
 6. Mother's Maiden Name, Lucy Heathcote
 7. Mother's Birthplace, Frederick City, Maryland
 8. Full Name of Father, Hiram Atkinson
 9. Father's Occupation, Painter
 10. Father's Birthplace, Baltimore Md.
- Name of Medical Attendant, or other Person who makes this Return, Mrs Susan White
- Address, 249 S. Rhode St
- Remarks,

1 8 9 3 0 0 0 4 3 6 0

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

62117

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The 3 Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

The 14 of Dec 1893

4. Place of Birth, (Street and Number)

No 1003 Central Ave

5. Full Name of Mother,

Mary Fireter

6. Mother's Maiden Name,

Wiley Manner

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

August Fireter

9. Father's Occupation

Coffee Roaster

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return,

Wm. C. L. Smith

Address,

No 1054 Hayford Ave

Remarks,

Bal. Md.

18938834361

RETURN OF A BIRTH. 52118

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

First
Male White

December 15, 1893

118 Stanford Ave

Barbara Schitz

Pop

Germany in this Country 7 1/2 yrs

Michael Schitz

Brewer

Germany in this Country 2 1/2 yrs

W. D. Corse M.D.

Gardenville

15930004362

RETURN OF A BIRTH.

Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child *Sixth* Mother, (state whether 1st, 2d, 3d, &c.)
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *May 21, 1894.*
 Place of Birth, (Street and Number) *930 N. Lombard St.*
 Full Name of Mother, *Ruth Ann Chalk*
 Mother's Maiden Name, *" " Miller*
 Mother's Birthplace, *Baltimore County*
 Name of Father, *William A. Chalk*
 Father's Occupation, *Clerk*
 Father's Birthplace, *Baltimore City*
 Name of Medical Attendant, or other person who makes this Return, *C. H. Holbrook, M.D.*
 Address, *714 N. Carey St.*
 City, *Baltimore*

9930004363

ject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 52119

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

(Seventh) 7th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

December 15th 1845

4. Place of Birth, (Street and Number)

413 Pinkney Place

5. Full Name of Mother,

Susanna F. Blackwell

6. Mother's Maiden Name,

Susanna F. Smith

7. Mother's Birthplace,

Baltimore County Md

8. Full Name of Father,

George F. Blackwell

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Baltimore County Md

Name of Medical Attendant,

James E. Whitely M.D.

Address,

519 Magnolia Street

Remarks,

1 8 9 3 0 0 0 4 3 6 4

RETURN OF A BIRTH. 52/20

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec. 15 18

4. Place of Birth, (Street and Number) Tell Str., 927

5. Full Name of Mother, Stella Sujewski

6. Mother's Maiden Name, Paravska

7. Mother's Birthplace, Poland

8. Full Name of Father, Valentine Sujewski

9. Father's Occupation, Laborer

10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Mary Krofka

Address, 602 S. Bond St.

Remarks, 18930004365

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 52121

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 21

1. Sex. (state whether ~~male~~ or female) Male

2. Race or Color, (if not of the white race) Polish Jew

3. Date of Birth, Dec. 15, 1893

4. Place of Birth, (Street and Number) 654 W. Pratt St

5. Full Name of Mother, Agia Syvilminsky

6. Mother's Maiden Name, Agia Polew

7. Mother's Birthplace, Russia

8. Full Name of Father, Christian Syvilminsky

9. Father's Occupation, Tailor

10. Father's Birthplace, Russia

Name of Medical Attendant, or other Person who makes this Return W. E. Ashman

Address, 442 W. Lexington St.

Remarks, _____

6930004366

RETURN OF A BIRTH. 52122

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 15th 93.

4. Place of Birth, (Street and Number) 300 S. Stricker St.

5. Full Name of Mother, Matilda Wrover

6. Mother's Maiden Name, Matilda Guerin

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Henry Wrover

9. Father's Occupation, Barber

Father's Birthplace, Germany Henry C. Oles. Md.

Name of Medical Attendant, or other person who makes this Return.

Address, 1203 West Fayette St.

Remarks, 4 6 9 3 0 0 0 4 3 6 7

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52/23

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Gertrude Fannie Gates
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7*
 Sex, (state whether male or female) *Female*
 Race or Color, (if not of the white race) *White*
 Date of Birth, *December 16/93*
 Place of Birth, (Street and Number) *1307 Thymchester*
 Full Name of Mother, *May. Gate*
 Mother's Maiden Name, *May Smallwood*
 Mother's Birthplace, *Baltimore*
 Full Name of Father, *John Gates*
 Father's Occupation, *Cash driver*
 Father's Birthplace, *Baltimore*
 Name of Medical Attendant, or other person who makes this return, *W. W. Jones M.D.*
 Address, *1501 Printonian*
 Remarks,

18930004368

RETURN OF A BIRTH. 52124

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1—
 1. Sex, (state whether male or female) female
 2. Race or Color, (if not of the white race) white
 3. Date of Birth, Dec. -16-1893
 4. Place of Birth, (Street and Number) 317 N. Patterson Park Ave.
 5. Full Name of Mother, Theresa Conrad
 6. Mother's Maiden Name, Theresa Conrad
 7. Mother's Birthplace, City
 8. Full Name of Father, Frederick Conrad
 9. Father's Occupation, Bartender
 10. Father's Birthplace, Germany
 Name of Medical Attendant, or other person who makes this Return, W. L. Dauschmed
 Address, 1729 E. Balto. St.
 Remarks,

1 8 9 3 0 0 0 4 3 6 9

RETURN OF A BIRTH. 52125

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *W.*

3. Date of Birth, *Dec. 16/93*

4. Place of Birth, (Street and Number) *2229 Jefferson St.*

5. Full Name of Mother, *Annie M. E. Stamm*

6. Mother's Maiden Name, *Stickler*

7. Mother's Birthplace, *B. C.*

8. Full Name of Father, *Carroll Stamm*

9. Father's Occupation, *Cigar Maker*

10. Father's Birthplace, *B. C.*

Name of Medical Attendant, or other person who makes this Return *Geo. L. Williams*

Address, *6 North Broadway*

Remarks, *18930004370*

Persons who fail to comply with the provisions of this section shall be subject to a fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 52126

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Sixth (6th)*
- Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *December 17th 1893*
4. Place of Birth, (Street and Number) *130 E. Washington St*
5. Full Name of Mother, *Maggie Pennington*
6. Mother's Maiden Name, *Maggie Rice*
7. Mother's Birthplace, *Baltimore Md*
8. Full Name of Father, *Frank Pennington*
9. Father's Occupation, *Plasterer*
10. Father's Birthplace, *Baltimore Md*
- Name of Medical Attendant, (or other person who makes the report) *James B. Whiteford Md*
- Address, *119 Virginia St*
- Remarks,

18930004371

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52128

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of \$10 for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, December 17th 1893
 4. Place of Birth, (Street and Number) 1123 E. Lombard St.
 5. Full Name of Mother, E. de Sachs
 6. Mother's Maiden Name, E. de Derywicz
 7. Mother's Birthplace, Munich
 8. Full Name of Father, Adman Sachs
 9. Father's Occupation, Tailor
 10. Father's Birthplace, Munich
 Name of Medical Attendant, or other person who makes this Return, Nettie E. Cannansky
 Address, 1022 E. Lombard St.
 Remarks, 18930004373

Record to the file of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED. 2-10-59

RETURN OF A BIRTH. 52129

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Charles Edward Sanders

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 17, 1893
4. Place of Birth, (Street and Number) 208 E. Fort ave
5. Full Name of Mother, Mattie, C. Sanders
6. Mother's Maiden Name, Mattie, C. Salter
7. Mother's Birthplace, Baltimore, Md
8. Full Name of Father, James, B. Sanders
9. Father's Occupation, Salesman
10. Father's Birthplace, Baltimore, Md
- Name of Medical Attendant, or other person who makes this Return, Ellenora, A. Anderson
- Address, 1434 Patapsco, St
- Remarks,

18930004374

Persons who fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as recoverable

GIVEN NAME ADDED, 6-12-53

RETURN OF A BIRTH. 52130

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Agnes Marie Schultz

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second Child*

Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *December 17th 1893*

4. Place of Birth, (Street and Number) *Baltimore Md 1168 Bantick St*

5. Full Name of Mother, *Margaret A. Schultz*

6. Mother's Maiden Name, *Yersbach*

7. Mother's Birthplace, *Baltimore Md*

8. Full Name of Father, *Frank J. Schultz*

9. Father's Occupation, *Clerk*

10. Father's Birthplace, *Baltimore Md*

Name of Medical Attendant, or other person who makes this Return, *Mrs Mary Manning*

Address, *414 S. Duval St Baltimore Md*

Remarks, *Mother and child are living well.*

18930004375

RETURN OF A BIRTH 52131

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Five

Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

White

3. Date of Birth,

Dec 17 1893

4. Place of Birth (Street and Number),

2203 Johnson St

5. Full Name of Mother,

Steele Sadler

6. Mother's Maiden Name,

" " Rine

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Wm Sadler

9. Father's Occupation,

" Sadler

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other person who makes this Return.

E. Donaldson

Address,

1811 Westhampton

Remarks,

Mother & child both well
up to previous

Who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52132

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fifth

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, December 18th 1893

4. Place of Birth, (Street and Number) 535 E. Port Ave.

5. Full Name of Mother, Mary Eliz. Hubbard

6. Mother's Maiden Name, Landers

7. Mother's Birthplace, Dorchester Co. Md.

8. Full Name of Father, Henry A. Hubbard

9. Father's Occupation, Janitor

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Rev. P. C. Scheidt M.D.

Address, 1458 Riverside Ave.

Remarks, _____

1 8 9 3 0 0 0 4 3 7 7

RETURN OF A BIRTH.

52133

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any person who neglects to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1. Sex, (state whether male or female)..... Girl

2. Race or Color, (if not of the white race)..... White Race

3. Date of Birth,..... Born Dec 18th 1893

4. Place of Birth, (Street and Number)..... # 210. Frederick Ave

5. Full Name of Mother,..... Mrs Elizabeth Dill

6. Mother's Maiden Name,..... Miss " Smith

7. Mother's Birthplace,..... Balto City

8. Full Name of Father,..... Chas. Dill

9. Father's Occupation,..... Cabinet Maker

10. Father's Birthplace,..... Hossen Germany

Name of Medical Attendant, or other person who makes this Return,..... Mrs. Miller

Address,..... # 2127 W Pratt St

Remarks,..... 1 8 9 3 0 0 0 4 3 7 8

RETURN OF A BIRTH. 52134

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *7th*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Dec 18/93*
4. Place of Birth, (Street and Number) *225 E. Pausan. Alley*
5. Full Name of Mother, *Geo. Mc Coy*
6. Mother's Maiden Name, *Geo. Funk*
7. Mother's Birthplace, *Ind.*
8. Full Name of Father, *Geo. Mc Coy*
9. Father's Occupation, *Saloon*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return, *Dr. J. B. Jones*
- Address, *1903. Conch St.*
- Remarks, *1 6 9 3 0 0 0 4 3 7 9*

Failure to report the birth to the Commissioner of Health, in the manner and within the period above specified, or the failure of any such person or persons to comply with the provisions of this section, shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52136

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, ~~3d~~, etc.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

December 18th 1893.

4. Place of Birth, (Street and Number)

1645 E. Eager St.

5. Full Name of Mother,

Clara E. Bryant

6. Mother's Maiden Name,

Whorton

7. Mother's Birthplace,

Balto. City

8. Full Name of Father,

Samuel B. Bryant

9. Father's Occupation

Electrician

10. Father's Birthplace,

Balto. City

Name of Medical Attendant, or other person who makes this Return,

A. Ridgway Andrews

Address,

1128 E. Balto St.

Remarks,

6 9 3 0 0 4 3 8 0

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 52136

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *18 of December 1893*
4. Place of Birth, (Street and Number) *1903 Fairmont Stee*
5. Full Name of Mother, *Clarissa Carter*
6. Mother's Maiden Name, *Clarissa Reed*
7. Mother's Birthplace, *Woolwich Maine*
8. Full Name of Father, *Charles Carter*
9. Father's Occupation, *Captian*
10. Father's Birthplace, *Woolwich Maine*
Name of Medical Attendant, or other person who makes this Return, *207. N. Castle Str Mrs Hill*
Address, _____
Remarks, _____

1 8 9 3 0 0 0 4 3 3 1

RETURN OF A BIRTH. 52137 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec. 18 1894

4. Place of Birth, (Street and Number) Bond St. 8023

5. Full Name of Mother, Mary Davalack

6. Mother's Maiden Name, Pietchack

7. Mother's Birthplace, Poland

8. Full Name of Father, Pete Davalack

9. Father's Occupation, Laborer

10. Father's Birthplace, Poland

Name of Medical Attendant, Mary Pietzka or other person who makes this Return.

Address, 6012 Bond St.

Remarks, 18930004382

RETURN OF A BIRTH. 52138

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First Child*
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *Born. December 19th 1893*
 4. Place of Birth, (Street and Number) *803. St. Poppleton St.*
 5. Full Name of Mother, *E. Hanoreisbella. Dill*
 6. Mother's Maiden Name, *Mrs. E. Hanoreisbella. Scharff*
 7. Mother's Birthplace, *Baltimore City M.D.*
 8. Full Name of Father, *J. H. Dill*
 9. Father's Occupation, *Boiler-Maker*
 10. Father's Birthplace, *Baltimore City M.D.*
 Name of Medical Attendant, or other person who makes this Return, *Susan Hunter*
 Address, *234 Poppleton St*
 Remarks,

1 8 9 3 0 0 0 4 3 8 3

jected to the fine of ten (\$10) dollars for each offense, to be recovered as often as and forfeitures are recoverable.

RETURN OF A BIRTH, 52139

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether male or female) Female

2. Race or Color, (if not of the white race) _____

3. Date of Birth _____

4. Place of Birth, (Street and Number) Ever 17th St.

5. Full Name of Mother Kate Hayes

6. Mother's Maiden Name Kate Baile

7. Mother's Birthplace Balto.

8. Full Name of Father Jm Hayes

9. Father's Occupation Cylin Pacler

10. Father's Birthplace Hagerstown Md.

Name of Medical Attendant, or other Person who makes this Return. J. A. Schilling

Address 951 Madison

Remarks _____

1 8 9 3 0 0 0 4 3 8 4

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH 52140

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *mother of 2 children*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *colored*

3. Date of Birth, *Dec 19th 1893 new born baby*

4. Place of Birth, (Street and Number) *No 30 cross between hanover*

5. Full Name of Mother, *Mary Louisa Johnson*

6. Mother's Maiden Name, *Mary Louisa Palmer*

7. Mother's Birthplace, *Easton, shore Talbot county Md*

8. Full Name of Father, *Charles Johnson*

9. Father's Occupation, *driver for Mr Reader on cross st*

Father's Birthplace, *Baltimore Md Welcorne ave*

Name of Medical Attendant, or other person who makes this Return. *annie M Davis mother*

Address, *892 china St*

Remarks,

18930004385

RETURN OF A BIRTH. 52141

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13. Child.

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White Race

3. Date of Birth, Born Dec 19th 1893

4. Place of Birth, (Street and Number) # 107 Forrest St

5. Full Name of Mother, Mrs. Minnie Bihler

6. Mother's Maiden Name, Miss " Heller

7. Mother's Birthplace, Schwaab Germany

8. Full Name of Father, George Bihler

9. Father's Occupation Butcher

Father's Birthplace, Schwaab Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Heller

Address, #2127 W. Pratt St

Remarks, 1 3 9 3 0 0 0 4 3 8 6

Any state, person or persons who shall care for and to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52142

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, December 19, 1893

4. Place of Birth, (Street and Number) 742 Eastern Ave

5. Full Name of Mother, Lara Sheridan

6. Mother's Maiden Name, _____

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James Sheridan

9. Father's Occupation, Severer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs C Bennett

Address, 122 S. Exeter Str

Remarks, 16930004387

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4. Child

1. Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

White Race

3. Date of Birth,

Born Dec 20th 1893

4. Place of Birth, (Street and Number)

2104 Prince Str

5. Full Name of Mother,

Mrs. Mary Frieber

6. Mother's Maiden Name,

Miss J. Ritter

7. Mother's Birthplace,

Balto City

8. Full Name of Father,

Julius Frieber

9. Father's Occupation

Labor

10. Father's Birthplace,

Balto City

Name of Medical Attendant, or other person who makes this Return,

Mrs. Hiller

Address,

2127 W. Pratt Str

Remarks,

6930004389

Any act, person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52145

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2. Child

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White Race

3. Date of Birth, Born Dec 20th 1893

4. Place of Birth, (Street and Number) # 306 Pulasky Str

5. Full Name of Mother, Mrs. Kunigunda Fahnüller

6. Mother's Maiden Name, Miss " Wittman

7. Mother's Birthplace, Bayern Germany

8. Full Name of Father, Konrad Fahnüller

9. Father's Occupation, Labor

10. Father's Birthplace, Bayern Germany

Name of Medical Attendant, Mrs. Miller or other person who makes this Return.

Address, # 2127 W. Pratt Str

Remarks, 1 6 9 3 0 0 0 4 3 9 0

any such person or persons who shall agree to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

52146

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

December 20th 1893

4. Place of Birth, (Street and Number)

Baltimore Harpers Court
Lizzie Chambers

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

Virginia

8. Full Name of Father,

George Chambers

9. Father's Occupation,

laborer

10. Father's Birthplace,

Kent County

Name of Medical Attendant, or other person who makes this Return.

James West

Address,

18th Sterling Street

Remarks,

1 8 9 3 0 0 0 4 3 9 1

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52147

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, December 20, 1890

4. Place of Birth, (Street and Number) 509 Albemarle Str

5. Full Name of Mother, Cecilia Glock

6. Mother's Maiden Name, O'maile

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles Glock

9. Father's Occupation, Baltimore

10. Father's Birthplace, Baltimore

Name of Medical Attendant, Mrs C. Bernstein
or other person who makes this Return.

Address, 122 S. Exeter Str

Remarks, 1 8 9 3 0 0 4 3 9 2

RETURN OF A BIRTH. 52148

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) white

3. Date of Birth, December 20, 1893

4. Place of Birth, (Street and Number) 226 Blannison Str

5. Full Name of Mother, Sara Blumberg

6. Mother's Maiden Name,

7. Mother's Birthplace, Europe

8. Full Name of Father, Bessie Blumberg

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter Str

Remarks, 1 0 9 3 0 0 0 4 3 9 3

any such persons or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 52149

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

African

3. Date of Birth,

Dec 20. 4.5-5 P.M.

4. Place of Birth, (Street and Number)

847 W. Emdin St.

5. Full Name of Mother,

Abnera Mable Hawkins

6. Mother's Maiden Name,

"A. A. Co." M.E.

7. Mother's Birthplace,

Charles Hawkins

8. Full Name of Father,

Robert

9. Father's Occupation,

A. A. Co. M.E.

Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

J. D. B. B. B. B.

Address,

1214 Linman

Remarks,

1 8 9 3 0 0 0 4 3 9 4

RETURN OF A BIRTH. 52150

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1 8 9 3 0 0 0 4 3 9 5

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52151

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec. 20 - 1893

4. Place of Birth, (Street and Number) 210 N. Stricker St.

5. Full Name of Mother, Effie L. Willhyde

6. Mother's Maiden Name, " " Sittler

7. Mother's Birthplace, Pa.

8. Full Name of Father, Cornelius A. Willhyde

9. Father's Occupation, Plater

10. Father's Birthplace, Frederick Co. Md.

Name of Medical Attendant, or other person who makes this Return, Theodore Cotta M.D.

Address, 914 N. Charles St.

Remarks,

1 5 9 3 0 0 4 3 9 6

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 52157

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14th

1. Sex (state whether male or female),

Female

2. Race or Color (if not of the white race),

White

3. Date of Birth,

Dec 25th 1893.

4. Place of Birth (Street and Number),

No 2333 Millman St Baltimore Md

5. Full Name of Mother,

Lillian Kosman.

6. Mother's Maiden Name,

" " Singleback

7. Mother's Birthplace,

Baltimore.

8. Full Name of Father,

Fredrick Kosman.

9. Father's Occupation,

Caw-maker

10. Father's Birthplace,

Baltimore.

Name of Medical Attendant, or other person who makes this Return.

A. Kosman

Address,

13 S' Eden St. Baltimore.

Remarks,

18930004397

Types and forms for this report are sold to companies who the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52153

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4. th
 Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, Dec. 20. 1893.
 4. Place of Birth, (Street and Number) Harl. Av. No. 1300.
 5. Full Name of Mother, Lizzie Moon
 6. Mother's Maiden Name, Lizzie Connelly
 7. Mother's Birthplace, Ireland
 8. Full Name of Father, Michael Moon
 9. Father's Occupation, Bar Keeper
 10. Father's Birthplace, Balt.
 Name of Medical Attendant, or other person who makes this Return, Dr. Little
 Address, No. 1619 Cuba St
 Remarks,

18930004398

RETURN OF A BIRTH. 52153

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Baby Born Dec-21-1893*
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *Colored*
 3. Date of Birth, *Born Dec-21-1893*
 4. Place of Birth, (Street and Number) *#9 Marimanzlane*
 5. Full Name of Mother, *Annie Howard*
 6. Mother's Maiden Name, *Annie Bray*
 7. Mother's Birthplace, *Caroline Co. Virginia*
 8. Full Name of Father, *Jun 3 Howard*
 9. Father's Occupation, *Labor*
 10. Father's Birthplace, *Caroline Co. Virginia*
 Name of Medical Attendant, or other person who makes this Return, *Susan E Bailey*
 Address, *#8 Talbot St Waverly*
 Remarks, *Baltimore 400*

For each person born, a fee of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 2-19-57 52156

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Viola Lee

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female).... Female
2. Race or Color, (if not of the white race) Black
3. Date of Birth, Dec 21 1903
4. Place of Birth, (Street and Number) 307 S. Guilford St.
5. Full Name of Mother, Mrs. Lee
6. Mother's Maiden Name, Mr. Shipley
7. Mother's Birthplace, Md. City
8. Full Name of Father, Samuel Lee
9. Father's Occupation, Shipper
10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other person who makes this Return, Mrs. W. Shipley
Address, 220 S. Street St.
Remarks, 1 8 9 3 0 0 0 4 4 0 1

RETURN OF A BIRTH. 52157 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 23

4. Place of Birth, (Street and Number) 1413 S. ...

5. Full Name of Mother, Mary Jones

6. Mother's Maiden Name, ...

7. Mother's Birthplace, ...

8. Full Name of Father, Joseph Jones

9. Father's Occupation, ...

10. Father's Birthplace, ...

Name of Medical Attendant, or other person who makes this Return, ...

Address, ...

Remarks, 18930004402

Person or persons who have been convicted of a crime, or who have been sentenced to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52158

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 21/03
4. Place of Birth, (Street and Number) 1425 Bruce Hill Ave
5. Full Name of Mother, Ann Thacker
6. Mother's Maiden Name, Ann Sauer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Thacker
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other person who makes this Return, Mary E. Gregory
Address, 1425 Singl St
Remarks, 18930004403

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

52159

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2^d

1. Sex, (State whether male or female)

female

2. Race or color, (if not of the white race)

colored

3. Date of Birth,

December 21st 1893

4. Place of Birth, (Street and Number)

Biddle st 237

5. Full Name of Mother,

Mary E. Saunders

6. Mother's Maiden Name,

Mary E. Augustus

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

James H. Saunders

9. Father's Occupation,

waiter

Father's Birthplace,

waiter north hampton county Va

Name of Medical Attendant, or other person who makes this Return.

Ann E. Bias

Address,

Biddle st

Remarks,

18930004404

RETURN OF A BIRTH.

52160

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th
1. Sex (state whether male or female) Female
 2. Race or Color (if not of the white race) white
 3. Date of Birth Dec 21/93
 4. Place of Birth (Street and Number) No 3 W. Bee St
 5. Full Name of Mother Margaret Elizabeth Bell
 6. Mother's Maiden Name Margaret Elizabeth Springer
 7. Mother's Birthplace Cecil County Maryland
 8. Full Name of Father John Wesley Bell
 9. Father's Occupation Linenman Carpenter
 10. Father's Birthplace Balto city.
- Name of Medical Attendant, or other Person who makes this Return. E. Mitchell M.D.
- Address 407 S. Sharp St
- Remarks

18930004405

RETURN OF A BIRTH. 52161

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
- Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 21, 1893,
4. Place of Birth, (Street and Number) Hart, No. 1837.
5. Full Name of Mother, Lizzie Luchessen
6. Mother's Maiden Name, Lizzie Tracy
7. Mother's Birthplace, Balt
8. Full Name of Father, John. J. Thier
9. Father's Occupation, Lacon
10. Father's Birthplace, Balt
- Name of Medical Attendant, or other person who makes this Return, Rev. E. H. C.
- Address, No 1619. Cuba St
- Remarks, _____

18930004406

RETURN OF A BIRTH, 52162

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth 5 o'clock PM Thursday Dec 21st 1893
4. Place of Birth, (Street and Number) 3832 Hudson St
5. Full Name of Mother Laura M. Lumpkins
6. Mother's Maiden Name Laura M. Phipps
7. Mother's Birthplace Baltimore Co Md
8. Full Name of Father Claude Lumpkins
9. Father's Occupation Laborer
10. Father's Birthplace Virginia

Name of Medical Attendant, or other Person who makes this Return. J. E. Richards M.D.

Address 7010 Chesapeake Rest

Remarks Normal labor 24 hours duration Very large child

12 lbs Both mother and child are now doing well 7
retained placenta and an hour glass constriction of the uterus

RETURN OF A BIRTH. 52163

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Black

3. Date of Birth, 17 Dec 1913

4. Place of Birth, (Street and Number) 309 S. Quaker St.

5. Full Name of Mother, Margaret Jones

6. Mother's Maiden Name, M. A. Jones

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, William Jones

9. Father's Occupation, Physician

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, May 1st, 1914

Address, 1008 S. 4th St.

Remarks, 1 5 9 3 0 0 0 4 4 0 8

RETURN OF A BIRTH. 52164

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 22 of December 1892

4. Place of Birth, (Street and Number) Baltimore Md 1062 S. Barton St

5. Full Name of Mother, Ernestine E. Dyck

6. Mother's Maiden Name, Loth

7. Mother's Birthplace, Germany

8. Full Name of Father, Julius E. Dyck

9. Father's Occupation, Cabinet-maker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Dr. J. H. Thompson

Address, 414 S. Barton St Baltimore Md

Remarks, Mother and child are deceased

18930004409

RETURN OF A BIRTH. 52165

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
 Sex, (state whether male or female) male
 2. Race or Color, (if not of the white race) white
 3. Date of Birth, Dec 22 1893
 4. Place of Birth, (Street and Number) 660 Portland St
 5. Full Name of Mother, Wilhelmine Hesterberg
 6. Mother's Maiden Name, Wilhelmine Burke
 7. Mother's Birthplace, Germany
 8. Full Name of Father, Heinrich Hesterberg
 9. Father's Occupation, Cabinet-maker
 10. Father's Birthplace, Germany
 Name of Medical Attendant, or other person who makes this Return, Hellegonda Plifed
 Address, Hellegonda Plifed
 Remarks, 641 23 1004 1001

RETURN OF A BIRTH. 52166

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd
2. Sex, (state whether male or female) Male
3. Race or Color, (if not of the white race) White
4. Date of Birth, December 22 1893
5. Place of Birth, (Street and Number) 2946 Cedar avenue
6. Full Name of Mother, Sarah E. Litsinger
7. Mother's Maiden Name, Brown
8. Mother's Birthplace, Martinsburg, West Va
9. Full Name of Father, Charles E. Litsinger
10. Father's Occupation, Plasterer
11. Father's Birthplace, Baltz Md
12. Name of Medical Attendant, or other person who makes this Return, Mary A. Martin
13. Address, Please send me some Envelopes
14. Remarks, 2804 Cedar avenue 111

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52167

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec. 22 1893

4. Place of Birth, (Street and Number) 1325 Crossman St

5. Full Name of Mother, Lillie Martin

6. Mother's Maiden Name, Lillie Kelly

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Lawrence Kelly

9. Father's Occupation, Motor man

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Am. (Signature)

Address, _____

Remarks, _____

1 8 9 3 0 0 0 4 4 1 2

RETURN OF A BIRTH. 52168

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, December 22 1893
4. Place of Birth, (Street and Number) 828 Granby St
5. Full Name of Mother, Marie Repphahn
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Albert Repphahn
9. Father's Occupation, Sailor
- Father's Birthplace, Europe
- Name of Medical Attendant, or other person who makes this Return, Mrs Pacifica Bernatien
- Address, 122 S. Exeter St

1 8 9 3 0 0 0 4 4 1 3

RETURN OF A BIRTH. 52169

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (3rd)

1. Sex, (state whether male or female) (Male)

2. Race or Color, (if not of the white race)

3. Date of Birth, Dec 23rd 1893.

4. Place of Birth, (Street and Number) 802 26 Washington

5. Full Name of Mother, Annie C. Spencer

6. Mother's Maiden Name, " " Buckley

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Nicholas P. Spencer

9. Father's Occupation, Clerk

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address, 711 N. Calvert St

Remarks,

18930004414

ected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, December 23rd 93.
4. Place of Birth, (Street and Number) 233 N. Fulton Av.
5. Full Name of Mother, Mary Rebert
6. Mother's Maiden Name, Mary Mc Namara
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Fred. Rebert
9. Father's Occupation, Clothing cutter
- Father's Birthplace, Baltimore, Md.
- Name of Medical Attendant, Henry C. Ogle, M.D.
- Address, 1203 W. Fayette St
- Remarks, 18930004415

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

18930004415

RETURN OF A BIRTH ⁵²¹⁷²

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Decem^r 24, 1893

4. Place of Birth, (Street and Number)

1219 N. Gilman St

5. Full Name of Mother,

Lucy Waller

6. Mother's Maiden Name,

Lucy Perego

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

William Waller

9. Father's Occupation,

Carpenter. Signal Corps.

10. Father's Birthplace,

Delaware

Name of Medical Attendant, or other Person who makes this Return

Ally Shirley M.D

Address,

2102 N. Penn St

Remarks.

8930004417

RETURN OF A BIRTH. 52174 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *bolton* Male

1. Sex, (state whether male or female) *bolton*

2. Race or Color, (if not of the white race) *Dec. 24 1893*

3. Date of Birth, *Baltimore*

4. Place of Birth, (Street and Number) *Hard Street 1341*

5. Full Name of Mother, *Mrs Lizzie Holby*

6. Mother's Maiden Name, *Mrs Lizzie Watson*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Mr James Holby*

9. Father's Occupation, *Labor*

Father's Birthplace, *St Mary County Md*

Name of Medical Attendant, or other person who makes this return, *Lucien Mills*

Address, *1428 Carroll Street*

Remarks, *Wear 5 4 3 0 0 0 4 4 1 9*

RETURN OF A BIRTH. 52175

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sunday Dec 24th 1898 5:20 A.M.

4. Place of Birth, (Street and Number) 632, Baylen St

5. Full Name of Mother, Estelle Pfeiffer

6. Mother's Maiden Name, Estelle McGraw

7. Mother's Birthplace, E. A. Piquette, Ind

8. Full Name of Father, Jacob R. Pfeiffer

9. Father's Occupation, Merchant (Butcher Supplies)

10. Father's Birthplace, Baltimore, Md

Name of Medical Attendant, or other person who makes this Return, E. G. Welch, M.D.

Address, 112 N. Holliday St

Remarks, 1 0 9 3 0 0 0 4 4 2 0

child to report its birth to the Commissioner of Health. In the manner and within the period above prescribed, and if such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52176

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Dec 25/93

4. Place of Birth, (Street and Number)

2153 Prunt St

5. Full Name of Mother,

Etta Pym

6. Mother's Maiden Name,

Etta Hieo

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John A. Pym

9. Father's Occupation,

Barber

10. Father's Birthplace,

Virginia

Name of Medical Attendant, or other person who makes this Return,

Edw. Thomas M.D

Address,

1501 Prunt St

Remarks,

1 6 9 3 0 0 4 4 2 1

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52177

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1 8 9 3 0 0 4 4 2 2

shall be reported to the Registrar of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52178

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) _____

1. Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race) _____

3. Date of Birth, Dec 25-1893

4. Place of Birth, (Street and Number) 1919 E. Hoffman St

5. Full Name of Mother, Birdie Myers.

6. Mother's Maiden Name, " Belle

7. Mother's Birthplace, Balto Md.

8. Full Name of Father, Geo. Myers

9. Father's Occupation, Driver

10. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other person who makes this Return, Geo. F. Taylor M.D.

Address, 1254 N. Parsonage

Remarks, _____

1 8 9 3 0 0 4 4 2 3

child to report its birth to the Commissioner of Health, in the manner and within the time herein above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52179

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Given Name - Maggie

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) girl

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 25th Dec - 1893

4. Place of Birth, (Street and Number) Baltimore Vincent St 41

5. Full Name of Mother, Eugenia Forrester

6. Mother's Maiden Name, Sarah Hollins

7. Mother's Birthplace, Calvert Loc md

8. Full Name of Father, John Forrester

9. Father's Occupation, Worker in coal

Father's Birthplace, Calvert Loc md

Name of Medical Attendant, or other person who makes this Return, Sarah Hollins

Address, 1610 Vincent Alley

Remarks, 18930004424

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 52180

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The mother's head of child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

W. race

3. Date of Birth,

26 Nov 1893 7 o'clock

4. Place of Birth, (Street and Number)

806 Montgomery St. between Chinn St.

5. Full Name of Mother,

Laney White

6. Mother's Maiden Name,

Laney sample

7. Mother's Birthplace,

Accompany Va

8. Full Name of Father,

Laney White

9. Father's Occupation,

Farmer

10. Father's Birthplace,

Calvert county Md

Name of Medical Attendant, or other person who makes this Return.

Amie H. Davis

Address,

802 Chinn St

Remarks,

18930004425

GIVEN NAME ADDED 7-2-58
 RETURN OF A BIRTH. 52181

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Anne ~~Christine~~ McHale

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

16930004426

to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52182

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

Sex, (state whether male or female) Male

Race or Color, (if not of the white race)

Date of Birth, Dec 25, 93

Place of Birth, (Street and Number) 1806 Formosa St

Full Name of Mother, Kate Wiseman

Mother's Maiden Name, Limbach

Mother's Birthplace, Balto.

Full Name of Father, Wm Wiseman

Father's Occupation, Carpenter

Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, J. M. Hendley

Address, 1007 Edmondson Ave

Remarks, 1 6 9 3 0 0 0 4 4 2 7

any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of not less than \$100 nor more than \$500, and the costs of the proceedings, and the same shall be recoverable, as costs, by the State, from the person or persons so offending.

RETURN OF A BIRTH. 52183

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William Webster Johnson

- 2^d
1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race)
3. Date of Birth, Dec. 25-3/893.
4. Place of Birth, (Street and Number) 504 S. Sharp St.
5. Full Name of Mother, Josephine H. Johnson.
6. Mother's Maiden Name, " " Bromwell.
7. Mother's Birthplace, Dorchester Co. Md.
8. Full Name of Father, Wm. L. Johnson.
9. Father's Occupation, Merchant.
10. Father's Birthplace, Baltimore City.
- Name of Medical Attendant, or other person who makes this Return, R. J. H. Tall. M.D.
- Address, 524 Sharp St.
- Remarks, GIVEN NAME ADDED. 5-21-52

1-893000-428

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

52184

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 2.
2. Sex, (state whether male or female)..... Male
3. Race or Color, (if not of the white race)..... White
4. Date of Birth,..... 25th of December 93
5. Place of Birth, (Street and Number)..... 311 Forest St
6. Full Name of Mother,..... Mary Malanski
7. Mother's Maiden Name,..... Mary Solota
8. Mother's Birthplace,..... Pole
9. Full Name of Father,..... August Malanski
10. Father's Occupation,..... Labor
11. Father's Birthplace,..... Pole
12. Name of Medical Attendant, or other person who makes this Return,..... Friederike Kessler Midwife
13. Address,..... 2116 West Pratt St
14. Remarks,.....

1 8 9 3 0 0 4 4 2 9

RETURN OF A BIRTH. 52185-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

2. Sex, (state whether male or female)

Female

3. Race or Color, (if not of the white race)

White

4. Date of Birth,

Dec. 25th 1893

5. Place of Birth, (Street and Number)

22 E. Randall

6. Full Name of Mother,

Louisa Strittle

7. Mother's Maiden Name,

Wolf

8. Mother's Birthplace,

Germany

9. Full Name of Father,

J. Strittle

10. Father's Occupation

Grocer

Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

Therese Cooke M.D.

Address,

914 N. Charles St.

Remarks,

18930004430

RETURN OF A BIRTH.

52186

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Franklin Marion ~~_____~~, *Rickers*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec. 28 - 93

4. Place of Birth, (Street and Number)

1514 Light Street

5. Full Name of Mother,

Hattie V. Rickers

6. Mother's Maiden Name,

Hattie V. Hargett

7. Mother's Birthplace,

Frederick County, Md.

8. Full Name of Father,

George M. Rickers

9. Father's Occupation,

Locomotive Fireman

10. Father's Birthplace,

Frederick County, Md.

Name of Medical Attendant, or other person who makes this Return.

Hattie H. H. H.

Address,

800 Broad Church Street

Remarks,

STVEN NAME ADDED

9-26-55 4 3 1

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable, and the person above required, and

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

52187

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Dec. 25, 1893.*
4. Place of Birth, (Street and Number) *2513 Foster Ave.*
5. Full Name of Mother, *Margaret Landine*
6. Mother's Maiden Name, *Margaret Heimer*
7. Mother's Birthplace, *Balto.*
8. Full Name of Father, *Frank Landine*
9. Father's Occupation, *Labourer*
- Father's Birthplace, *Balto.*
- Name of Medical Attendant, or other person who makes this Return, *James C. Howard*
- Address, *2513 Foster Ave.*
- Remarks, _____

18930004432

RETURN OF A BIRTH.

52188

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Every parent or guardian of a child born in Baltimore City, or in any other place within the jurisdiction of the Board of Health, is required to report its birth to the Commissioner of Health, in the manner and within the period above specified, and to file a true and correct copy of the certificate of birth with the Registrar of Vital Statistics. Any person who fails to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec 25 - 93

4. Place of Birth, (Street and Number)

1614 Jefferson

5. Full Name of Mother,

Rosa Belle Busick

6. Mother's Maiden Name,

" " Lynch

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Wm Busick

9. Father's Occupation,

Paper Hanger

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other person who makes this Return,

Mrs Mary A. Allwell

Address,

1438 N. Broadway

Remarks,

18930004433

RETURN OF A BIRTH. 52189

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether ~~male~~ or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, Dec 25th 93

4. Place of Birth, (Street and Number) 1421 W. Fayette

5. Full Name of Mother, Lida Ripner

6. Mother's Maiden Name, O'Connor

7. Mother's Birthplace, Chicago Ill.

8. Full Name of Father, Thomas Ripner

9. Father's Occupation, Clerk

Father's Birthplace, Wisconsin

Name of Medical Attendant, or other person who makes this Return,

Thomas F. Hill M.D.

Address,

1401 W. Fayette St.

Remarks,

18930004434

RETURN OF A BIRTH. 52190

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

December 25th 1913

4. Place of Birth, (Street and Number)

1131 Wicomico Street

5. Full Name of Mother,

Emma Metz

6. Mother's Maiden Name,

Emma Wagner

7. Mother's Birthplace,

Baltimore Md.

8. Full Name of Father,

George Metz

9. Father's Occupation

Cabinet Maker

Father's Birthplace,

Baltimore Md.

Name of Medical Attendant, or other person who makes this Return,

Wm. George

Address,

211 E. Pratt

Remarks,

1 0 9 3 0 0 0 4 4 3 5

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52191

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) _____

3. Date of Birth, Dec. 25 '23

4. Place of Birth, (Street and Number) 515 N. B'th St

5. Full Name of Mother, Anna Witz

6. Mother's Maiden Name, " Kirschbaum

7. Mother's Birthplace, Balto Md

8. Full Name of Father, Henry Witz

9. Father's Occupation, Clerk

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 1605 Walker St

Remarks, _____

1 8 4 3 0 0 0 4 4 3 6

RETURN OF A BIRTH 52192

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) *Twins. Male & Female.*

2. Race or Color, (if not of the white race) *white.*

3. Date of Birth, *26th December 1893*

4. Place of Birth, (Street and Number) *N. 1164 Bowen Street*

5. Full Name of Mother, *Mary E. Folks*

6. Mother's Maiden Name, *" " Armstrong*

7. Mother's Birthplace, *Howard Co.*

8. Full Name of Father, *Wm. E. Folks*

9. Father's Occupation, *Upduster*

10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other person who makes this Return, *Mrs A. M. Birdsoff*

Address, *N. 1136 Cleveland St.*

Remarks, *1 8 9 3 0 0 0 4 4 3 7*

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52193

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female)

Male & Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

26 Dec. 1893

4. Place of Birth, (Street and Number)

1164 Brown St

5. Full Name of Mother,

Mary E. Folke

6. Mother's Maiden Name,

Armstrong

7. Mother's Birthplace,

Howard Co. Md.

8. Full Name of Father,

Wm. E. Folke

9. Father's Occupation

10. Father's Birthplace,

City

Name of Medical Attendant,

or other person who makes this Return.

Mrs A. M. Bischoff

Address,

Remarks,

18930004438

RETURN OF A BIRTH. 52194

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*
- Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *December 26th 1893*
4. Place of Birth, (Street and Number) *702 Stirling St*
5. Full Name of Mother, *Mary Louisa Madison*
6. Mother's Maiden Name, *Mary Louisa Dickens*
7. Mother's Birthplace, *Langcaster Co. Va.*
8. Full Name of Father, *William Henry Madison*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Balto. City Md.*
- Name of Medical Attendant, or other person who makes this Return, *Mrs. Maria Wright*
- Address, *1018 W. 4th St.*
- Remarks,

1 8 9 3 0 0 0 4 4 3 9

RETURN OF A BIRTH. 52195

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

W

3. Date of Birth.

Dec 26-93

4. Place of Birth, (Street and Number)

1703 Hartford Ave

5. Full Name of Mother,

Lillian Hammer

6. Mother's Maiden Name,

Brown

7. Mother's Birthplace,

BC

8. Full Name of Father,

Wm Hammer

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

BC

Name of Medical Attendant, or other person who makes this Return.

Dr. J. C. Dulany

Address,

1207 E. Monument St

Remarks,

Child born prematurely, (to twin, suffering from a fever, lost 3 lbs -

RETURN OF A BIRTH. 52196

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race).....

3. Date of Birth,.....

4. Place of Birth, (Street and Number).....

5. Full Name of Mother,.....

6. Mother's Maiden Name,.....

7. Mother's Birthplace,.....

8. Full Name of Father,.....

9. Father's Occupation,.....

10. Father's Birthplace,.....

Name of Medical Attendant, or other person who makes this Return,.....

Address,.....

Remarks,.....

Female

White

26th of December 93

2038 Frederick Ave

Geo. Schaefer

Geo. Miller

Balto

Geo. Wilhelm Schaefer

Butcher

Balto

Brieckle Heuler midwife

2116 West Pratt St

1 0 9 3 0 0 0 1 1 1

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52197

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
- Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 26 1893
4. Place of Birth, (Street and Number) 3353 Chester St
5. Full Name of Mother, Emma Lucia Ross
6. Mother's Maiden Name, McDonnell
7. Mother's Birthplace, New York
8. Full Name of Father, James B. Ross
9. Father's Occupation, Clerk B & O RR
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Dr. Jackson M. H.
- Address, 14 W Patterson St
- Remarks, _____

1 8 9 3 0 0 0 4 4 4 2

RETURN OF A BIRTH.

52198

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Sections of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 3

1. Sex, (state whether male or female)... Male

2. Race or Color, (if not of the white race)... White

3. Date of Birth, ... 26 December 1893

4. Place of Birth, (Street and Number)... 412 Clarence St

5. Full Name of Mother, ... Florence Smith

6. Mother's Maiden Name, ... Florence Wallen

7. Mother's Birthplace, ... Balto Md

8. Full Name of Father, ... Charles A. Smith

9. Father's Occupation, ... Laborer

10. Father's Birthplace, ... Balto Md

Name of Medical Attendant, or other person who makes this Return, ... C. A. Brooks

Address, ... 1828 Light St

Remarks, ... 1893 004443

RETURN OF A BIRTH. 52199

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Any person who shall fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec. 26 1893

4. Place of Birth, (Street and Number) 837 E. Lucas St.

5. Full Name of Mother, Eate Lindewick

6. Mother's Maiden Name, Eate Garbo

7. Mother's Birthplace, Balto.

8. Full Name of Father, John Lindewick

9. Father's Occupation, mechanic

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Dr. J. H. H. H. H.

Address, 837 E. Lucas St.

Remarks, 10930004444

RETURN OF A BIRTH, 52200. To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 26 of December 1893.

4. Place of Birth, (Street and Number) 2421 Fayette St

5. Full Name of Mother, Laura Sullivan

6. Mother's Maiden Name, Laura Tasley

7. Mother's Birthplace, Baltimore M. D.

8. Full Name of Father, William Sullivan

9. Father's Occupation, Warehouseman

10. Father's Birthplace, Howard Co

Name of Medical Attendant, or other person who makes this Return, Miss Ida Hill M. D.

Address, 207 N Castle St

Remarks, A. L. L. L. L.

18930001445

RETURN OF A BIRTH ⁵²²⁰¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Dec. 26/93.

4. Place of Birth, (Street and Number) 1804 Linden Ave.

5. Full Name of Mother, Mary M. Applewhite

6. Mother's Maiden Name, Moulton

7. Mother's Birthplace, Balt.

8. Full Name of Father, Wm. A. Applewhite

9. Father's Occupation, Wholesale Groceries

10. Father's Birthplace, Norfolk, Va.

Name of Medical Attendant, or other Person who makes this Return, J. H. Schrickman M.D.

Address, _____

Remarks, _____

1893000444/5

RETURN OF A BIRTH. 53202

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec. 26. 1903

4. Place of Birth, (Street and Number) 1502 N. Myrick

5. Full Name of Mother, Emma C. Schulte

6. Mother's Maiden Name, " " Lie

7. Mother's Birthplace, Germany

8. Full Name of Father, Gustav E. Schulte

9. Father's Occupation, Baker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, C. L. Buddenbaker

Address, 418 S. Paca St.

Remarks, 1 3 9 3 0 0 0 4 4 4 7

shall be reported as birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act shall be liable to a fine of not less than ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Return is made to the Commissioner of Health, in two numbers and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 52203

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Dec. 21st 1893*
4. Place of Birth, (Street and Number) *2661 Penn. av.*
5. Full Name of Mother, *Esther B. Malone*
6. Mother's Maiden Name, *" " Gardner*
7. Mother's Birthplace, *Bact. Co. Ind.*
8. Full Name of Father, *George W. Malone*
9. Father's Occupation, *Milk business*
10. Father's Birthplace, *Bact. Co. Ind.*
- Name of Medical Attendant, or other Person who makes this Return, *Alfred Macomber M.D.*
- Address, *701 Lafayette av.*
- Remarks, _____

18930004448

RETURN OF A BIRTH. 52204

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

Sex, (state whether ~~male~~ or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Birthplace

10. Father's Birthplace

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

December 26th 1893
1184 Nantuxike St
Elizabeth K. A. Mick
" " Horn
" " Baker
George Zick
Baltimore
Baker
George Zick

1 6 9 3 0 0 4 4 4 9

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52205

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Dec. 27, 1893*
4. Place of Birth, (Street and Number) *1623 E. St. Baltimore, Md*
5. Full Name of Mother, *Isaac Moritz*
6. Mother's Maiden Name, *Isaac Selchowitz*
7. Mother's Birthplace, *Poland, Russia*
8. Full Name of Father, *Samuel Moritz*
9. Father's Occupation, *Cards Maker*
10. Father's Birthplace, *Yaseri, Rumania*
- Name of Medical Attendant, or other person who makes this Return, *Mary Eliza*
- Address, *McCleary Street 1242*
- Remarks, *14 SS*

18930004450

any such return or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

52206

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Person of persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) *One*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *Color*
3. Date of Birth, *December 27/93*
4. Place of Birth, (Street and Number) *221 Mann St Baltimore*
5. Full Name of Mother, *Mary Ross*
6. Mother's Maiden Name, *Mary Curtis*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Dennis Ross*
9. Father's Occupation, *Labor*
10. Father's Birthplace, *Alexandria Co*
- Name of Medical Attendant, or other person who makes this Return, *Dr Susan Hooper*
- Address, *123 N Durham St*
- Remarks, *Reg 3 0 0 0 4 4 5 1*

RETURN OF A BIRTH. ^{GIVEN NAME ADDED 1-20-58} 52207

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Rosa Kortegensis
3rd

Female

White

1108 S. Fayette St.

Dec 27-1893

Rosina Kortegensis
Abrams

Baltimore

Moses W. Kortegensis

Variety Business

Baltimore

Theodore Crote M.D.

914 N. Charles St.

8930004452

RETURN OF A BIRTH. 52208

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec. 27th 1893.

4. Place of Birth, (Street and Number) 1731 E. Pratt Street

5. Full Name of Mother, Sarah Alice

6. Mother's Maiden Name, Thompson

7. Mother's Birthplace, Balto.

8. Full Name of Father, George Police

9. Father's Occupation, Engineer

10. Father's Birthplace, Cecil County

Name of Medical Attendant, or other person who makes this Return, Dr. J. C. Dulany

Address, 2014 Patuxent Rd. P. O. Box 100

Remarks, 6930004453

any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52209

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Males

2. Race or Color, (if not of the white race) White

3. Date of Birth, 22nd December 1893

4. Place of Birth, (Street and Number) Gaynes St No 1152

5. Full Name of Mother, Barbara Bull

6. Mother's Maiden Name, Bull

7. Mother's Birthplace, Germanica

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other person who makes this Return.

Address, Caroline L. Gray, Ind. Elg No 498

Remarks, 8930004454

RETURN OF A BIRTH. 52210

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

● of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Mother

2. Race or Color, (if not of the white race) White

3. Date of Birth, 27th Dec. 1893

4. Place of Birth, (Street and Number) Ross St. No. 302

5. Full Name of Mother, Emilia Schmitt

6. Mother's Maiden Name, W. Kofus

7. Mother's Birthplace, Germania

8. Full Name of Father, John Schmitt

9. Father's Occupation, Coal Miner

● Father's Birthplace, Germania

Name of Medical Attendant, or other person who makes this Return,

Address, Caroline Shway Post Ely. N. 474

Remarks,

1 8 9 3 0 0 0 4 4 5 5

jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52211

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Primipara*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *December 27, 1893*

4. Place of Birth, (Street and Number) *733 N. Eutamias Street*

5. Full Name of Mother, *Kate Ebaugh*

6. Mother's Maiden Name, *Ludwig*

7. Mother's Birthplace, *Pennsylvania City*

8. Full Name of Father, *Edward Ebaugh*

9. Father's Occupation *Clerk*

10. Father's Birthplace, *Pennsylvania City*

Name of Medical Attendant, or other person who makes this Return, *Marbury Brewer M.D.*

Address, *1106 McCulloch Street*

Remarks, *Premature birth at six months from La Grippe*
Infant lived 3 days

9 3 0 0 0 4 4 5 6

GIVEN NAME ADDED 10-5-38
 RETURN OF A BIRTH. 52212

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Robert Melvin Marley

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 27 1893

4. Place of Birth, (Street and Number) 2009

5. Full Name of Mother, Caroline E. Marley

6. Mother's Maiden Name, Caroleine E. Marley

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William E. Marley

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

11. Name of Medical Attendant, Mrs. J. J. Kelly

or other person who makes this Return, No 1922 Wilkins Av.

Address, 18930004457

Remarks,

ected to the fine of ten (10) dollars for each offence, to be recovered as of other fines and forfeitures are recoverable.

For every omission or error in this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52213

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) W
3. Date of Birth, Dec 27th 1898
4. Place of Birth, (Street and Number) 220 North Arlington Av
5. Full Name of Mother, Louie Benit
6. Mother's Maiden Name, " Rodemier
7. Mother's Birthplace, City
8. Full Name of Father, Joseph Benit
9. Father's Occupation, Trunk dealer
10. Father's Birthplace, City
- Name of Medical Attendant, or other person who makes this Return, M A Littley
- Address, 1004 West Lexington St
- Remarks, _____

1 8 9 3 0 0 0 4 4 5 8

RETURN OF A BIRTH. 52214

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Seventh Child.*
 1. *Male*, (state whether male or female)
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *27 of December 1893.*
 4. Place of Birth, (Street and Number) *Baltimore Ind 4418 Sticker St.*
 5. Full Name of Mother, *Mary E. Knell.*
 6. Mother's Maiden Name, *M. E. Knell.*
 7. Mother's Birthplace, *Baltimore Ind.*
 8. Full Name of Father, *Joseph E. Knell.*
 9. Father's Occupation, *House Lin.*
 10. Father's Birthplace, *Baltimore Ind.*
 Name of Medical Attendant, or other person who makes this Return, *Mrs Mary Downing.*
 Address, *4418 Sticker St Baltimore Ind.*
 Remarks, *Her and Child are doing well.*

18930004459

RETURN OF A BIRTH.

52215

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 27th 1893

4. Place of Birth, (Street and Number) Edinburgh Street 2009

5. Full Name of Mother, Elizabeth Bobart

6. Mother's Maiden Name, Adelman

7. Mother's Birthplace, Balto.

8. Full Name of Father, Charles H. Bobart

9. Father's Occupation, laborer

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Wm. E. Thomas

Address, 2111 Patterson St. N.E.

Remarks, 1 8 9 3 0 0 0 4 4 6 0

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52216

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) girl

2. Race or Color, (if not of the white race) 27 Dec. 1893

3. Date of Birth, 1891

4. Place of Birth, (Street and Number) Casar st

5. Full Name of Mother, Anna M. Haas

6. Mother's Maiden Name, Siegiest

7. Mother's Birthplace, Bell

8. Full Name of Father, Franz Haas

9. Father's Occupation, Carpenter

10. Father's Birthplace, Germ.

Name of Medical Attendant, or other person who makes this Return, Anna Walker

Address, 928 N. Cent. Av.

Remarks, 18930004461

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 52217

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) fourth birth
1. Sex, (state whether male or female) female first twenty minutes after
 2. Race or Color, (if not of the white race) colored
 3. Date of Birth, December 27 1893
 4. Place of Birth, (Street and Number) Baltimore 122 Carlton Street
 5. Full Name of Mother, Mattie ~~Harris~~ Harris
 6. Mother's Maiden Name, Mattie Boston
 7. Mother's Birthplace, Baltimore Md
 8. Full Name of Father, James Harris
 9. Father's Occupation, dirt cart driver
 10. Father's Birthplace, Baltimore Md
- Name of Medical Attendant, or other person who makes this Return, Caroline Dullin
- Address, 1066 Raborg Street Baltimore
- Remarks, it was live born but died twenty minutes after it was born the 8/30/04 462 cold

ected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

52218

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Margaret Yeatman Rogers
 of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Dec-27-1893.*

4. Place of Birth, (Street and Number) *2228 Oak St*

5. Full Name of Mother, *Carrie Rogers.*

6. Mother's Maiden Name, *Carrie Walton.*

7. Mother's Birthplace, *Henrietta Co. Va.*

8. Full Name of Father, *Albert K. Rogers*

9. Father's Occupation, *Merchandise Broker*

Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *John A. Powell M.D.*

Address, *2124 St. Paul St.*

Remarks, *Child Healthy. GIVEN NAME ADDED. 5-18-54*

1 8 9 3 0 0 0 4 4 1/2 3m

any other person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52219

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Wednesday December 27, 1893.

4. Place of Birth, (Street and Number) No 1734 Light St.

5. Full Name of Mother, Helena Darley

6. Mother's Maiden Name, Helena Peters

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Peter Darley

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Katherine Hornung.

Address, 1517 Bayard St City.

Remarks, _____

1 6 9 3 0 0 0 4 4 6 4

RETURN OF A BIRTH. 52220

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *December 27/93.*
4. Place of Birth, (Street and Number) *Ann St. No 604.*
5. Full Name of Mother, *Franciska Kuta.*
6. Mother's Maiden Name, *Son.*
7. Mother's Birthplace, *Poland*
8. Full Name of Father, *Pit Skwirrot.*
9. Father's Occupation, *Poland*
10. Father's Birthplace, *Galicia.*
- Name of Medical Attendant, or other person who makes this Return, *Agnes Hadolma.*
- Address, *Thane St. No 1635.*
- Remarks, *So guth.*

8 9 3 0 0 4 4 6 5

RETURN OF A BIRTH. 52221

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *December 28/93*

4. Place of Birth, (Street and Number) *Thames St. No. 1634*

5. Full Name of Mother, *Frency Chec*

6. Mother's Maiden Name, *Medhen*

7. Mother's Birthplace, *Poland*

8. Full Name of Father, *Jacob Chmielewski*

9. Father's Occupation, *Poland*

10. Father's Birthplace, *Boerland*

Name of Medical Attendant, or other person who makes this Return, *Agnes Stodolna*

Address, *Thames St. No. 1634*

Remarks,

So put
6 9 3 0 0 4 4 6 6

ected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52222

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 5-
Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 28/98
4. Place of Birth, (Street and Number) 931 Lemon St
5. Full Name of Mother, Eileen Concanon
6. Mother's Maiden Name, Eileen Murphy
7. Mother's Birthplace, Ireland
8. Full Name of Father, John Michel Concanon
9. Father's Occupation, Laborer
10. Father's Birthplace, Ireland
Name of Medical Attendant, or other person who makes this Return, Bridget O'Hayer
Address, 924 Hollins St
Remarks,

1 8 9 3 0 0 0 4 4 6 7

RETURN OF A BIRTH. 52223

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) Color
 3. Date of Birth, Dec 28 1893
 4. Place of Birth, (Street and Number) 809 Howard St
 5. Full Name of Mother, Annie Walker
 6. Mother's Maiden Name, Annie Mash
 7. Mother's Birthplace, Eastern Va
 8. Full Name of Father, Barth Walker
 9. Father's Occupation, Labor
 Father's Birthplace, Western Shore Va
 Name of Medical Attendant, or other person who makes this Return, Charlottie Williams
 Address, 710 Loden - Ball Dr
 Remarks, 6930004468

By such person or persons, who shall have or get to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52224

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

28

1. Sex, (state whether male or female)

girl

2. Race or Color, (if not of the white race)

colored

3. Date of Birth,

28th Dec 1893

4. Place of Birth, (Street and Number)

418 Register st

5. Full Name of Mother,

Hattie Gleaser

6. Mother's Maiden Name,

Hattie Martin

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Abraham J. Gleaser

9. Father's Occupation,

laborer

10. Father's Birthplace,

Annapolis

Name of Medical Attendant, or other person who makes this Return.

408 Lewis st

Address,

Caroline Patterson

Remarks,

18930004469

RETURN OF A BIRTH. 52225~

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec 20, 1903

4. Place of Birth. (Street and Number)

2131 Division

5. Full Name of Mother,

Wm. Mawien

6. Mother's Maiden Name,

Kelly

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Julian Mawien

9. Father's Occupation,

Car Driver

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other person who makes this Return.

Chas E. Sadler

Address,

Remarks,

1 8 9 3 0 0 0 4 4 7 0

RETURN OF A BIRTH.

52226

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec 28th 1893

4. Place of Birth. (Street and Number)

134 N. Carey St

5. Full Name of Mother,

Aratta Leuft

6. Mother's Maiden Name,

Leuft

7. Mother's Birthplace,

Carroll Co.

8. Full Name of Father,

Milton Leuft

9. Father's Occupation,

black

10. Father's Birthplace,

Penn

Name of Medical Attendant, or other person who makes this Return,

Charles E. Swartz

Address,

Remarks,

18930004471

Print in the box on left of each column, for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Boy*

1. Sex, (state whether male or female) *White*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Dec. 25/93*

4. Place of Birth, (Street and Number) *2206 Jefferson str.*

5. Full Name of Mother, *Mary Beck*

6. Mother's Maiden Name, *Dacochinger*

7. Mother's Birthplace, *Balto.*

8. Full Name of Father, *William Beck*

9. Father's Occupation, *Clerk*

10. Father's Birthplace, *Balto.*

Name of Medical Attendant, or other person who makes this Return, *Mrs. Reichenhofer*

Address, *2225 Gayth St.*

Remarks, *18930004472*

RETURN OF A BIRTH.

52228

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female) Female

Race or Color, (if not of the white race) White

Date of Birth, Dec 28th 1893

Place of Birth, (Street and Number) 118 Hammerbachs Court

Full Name of Mother, Fannie M. Caus

Mother's Maiden Name, Chesley

Mother's Birthplace, Virginia

Full Name of Father, George E. Caus

Father's Occupation, Laborer

Father's Birthplace, New York

Name of Medical Attendant, or other person who makes this Return, A. R. Todd M.D.

Address, 900 Hammer St.

Remarks,

1 6 9 3 0 0 0 4 4 7 3

RETURN OF A BIRTH.

52229

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

III

2. Sex, (state whether male or female)

Girl

3. Race or Color, (if not of the white race)

White

4. Date of Birth,

Dec. 28/93

5. Place of Birth, (Street and Number)

1821 Gough St.

6. Full Name of Mother,

Ottilla Fritsch

7. Mother's Maiden Name,

" Black

8. Mother's Birthplace,

Balto.

9. Full Name of Father,

Julius Fritsch

10. Father's Occupation

Butcher

11. Father's Birthplace,

Balto.

Name of Medical Attendant, or other person who makes this Return,

Mrs. Rosenhofer

Address,

Remarks,

2325 Gough St.

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52230

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *III*

2. Sex, (state whether male or female) *girl*

3. Race or Color, (if not of the white race) *white*

4. Date of Birth, *Dec. 28th 1893*

5. Place of Birth, (Street and Number) *2918 O'Donnell str.*

6. Full Name of Mother, *Johanna Fuchelocher*

7. Mother's Maiden Name, *Loeffler*

8. Mother's Birthplace, *Germany*

9. Full Name of Father, *Charles Fuchelocher*

10. Father's Occupation, *Saloonkeeper*

11. Father's Birthplace, *Germany*

Name of Medical Attendant, or other person who makes this Return, *Mrs. Reichenhofer*

Address, *2225 Gay St.*

Remarks, *18930804475*

RETURN OF A BIRTH 52231 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (State whether male or female). Female

2. Race or color, (if not of the white race) colored 1893

3. Date of Birth, December 28

4. Place of Birth, (Street and Number) St Mary St 516

5. Full Name of Mother, Rosa Jones

6. Mother's Maiden Name, Rosa Ford

7. Mother's Birthplace, St Mary county Md

8. Full Name of Father, Benjamin J. Jones

9. Father's Occupation, Coachman

10. Father's Birthplace, St Mary county Md

Name of Medical Attendant, or other person who makes this Return, J. M. C. Little

Address, 8930004476

Remarks,

RETURN OF A BIRTH. 52232

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. Date of Birth,

4. Place of Birth, (Street and Number).

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

18930004477

RETURN OF A BIRTH. 52233

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth,

Thursday Dec 28th 1893

4. Place of Birth, (Street and Number)

681 Wm Elderly St Mount

5. Full Name of Mother,

Mary E. White

6. Mother's Maiden Name,

7. Mother's Birthplace,

Thomas Richardson

8. Full Name of Father,

Labour

9. Father's Occupation,

10. Father's Birthplace,

Jane West

Name of Medical Attendant,

or other person who makes this Return,

804 Stirling Street

Address,

Remarks,

18930004478

any sale, person or persons, to whom a return is made, or who is a party to the same, shall be liable to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

52234

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) _____
3. Date of Birth, 29th Dec 1893
4. Place of Birth, (Street and Number) 804 Potomac St
5. Full Name of Mother, Maggie Cramblitt
6. Mother's Maiden Name, Roberts
7. Mother's Birthplace, Baltimore, Md
8. Full Name of Father, Ben. E. Cramblitt
9. Father's Occupation, Brick Layer
10. Father's Birthplace, Baltimore Md
- Name of Medical Attendant, or other person who makes this Return, Th. Munk
- Address, 825 Flare St, Canton, Md
- Remarks, _____

1 8 9 3 0 0 0 4 4 7 9

RETURN OF A BIRTH. 52233

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) Dec 27 1893

1. Sex, (state whether male or female) Male Baby

2. Race or Color, (if not of the white race) colored

3. Date of Birth, Born Dec 29-1893

4. Place of Birth, (Street and Number) No 24 Talbot 1st

5. Full Name of Mother, Charlotte Taylor

6. Mother's Maiden Name, Charlotte Hall

7. Mother's Birthplace, Harrisburg

8. Full Name of Father, John Taylor

9. Father's Occupation, Labor

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Susan E. Bailey

Address, No 8 Talbot 1st Waverly

Remarks, 7-Head 4-Dead 3 alive
Baltimore

RETURN OF A BIRTH.

52286

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Colored*
3. Date of Birth, *Friday Dec. 29th 1893*
4. Place of Birth, (Street and Number) *620 Mc Elderry St. Mount*
Agnes Gordon
5. Full Name of Mother, *Agnes Gordon*
6. Mother's Maiden Name, *Agnes Gordon*
7. Mother's Birthplace, *Jersey City, N.J.*
8. Full Name of Father, *Leah Gordon*
9. Father's Occupation, *Leah Gordon*
10. Father's Birthplace, *Leah Gordon*
11. Name of Medical Attendant, or other person who makes this Return, *James West*
804 Sterling Street
- Address, *804 Sterling Street*
- Remarks, *18930004481*

RETURN OF A BIRTH. 52237

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether 1st, 2d, 3d, &c.) *1st*
 2. Race or Color, (if not of the white race) *white*
 3. Date of Birth, *Dec 29 1893*
 4. Place of Birth, (Street and Number) *1126 Canton St.*
 5. Full Name of Mother, *Mary Everett*
 6. Mother's Maiden Name, *Mary Jones*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *Robert Everett*
 9. Father's Occupation, *Laborer*
 10. Father's Birthplace, *Baltimore*
 Name of Medical Attendant, *Dr. J. C. Lawrence*
 Address, *1126 Canton St.*
 Remarks, *16930004482*

jected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52238

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) white

3. Date of Birth, Dec 29th 1893

4. Place of Birth, (Street and Number) 658 Columbia ave

5. Full Name of Mother, Mary Winkel

6. Mother's Maiden Name, " Grace

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Joseph Winkel

9. Father's Occupation, Merchant

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Geo Rhabrum

Address,

Remarks,

18930004483

RETURN OF A BIRTH, 52239

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
 Sex (state whether male or female), Female
 2. Race or Color (if not of the white race), white
 3. Date of Birth, Dec 29 1893
 4. Place of Birth (Street and Number), 109 Eddon St
 5. Full Name of Mother, Rachie Wolf
 6. Mother's Maiden Name, Rachie Semulovitch
 7. Mother's Birthplace, Russia
 8. Full Name of Father, Jacob Wolf
 9. Father's Occupation, Sugar Maker
 10. Father's Birthplace, Russia
 Name of Medical Attendant, Rachie Sager or other person who makes this Return.
 Address, 711 E. Safford St
 Remarks, 18930004484

For child of mother, 50 or recovered in other cases and in all cases the mother is to be recovered.

any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable, and

RETURN OF A BIRTH. 52241

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb 24 1893

4. Place of Birth, (Street and Number) 433 S Bond St

5. Full Name of Mother, Christina Hammer

6. Mother's Maiden Name, Haack

7. Mother's Birthplace, Baltimore City Md

8. Full Name of Father, Frederick Hammer

9. Father's Occupation, Artist

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, W. A. St. Michaels

Address, 2024 E. Pratt St

Remarks, ill 9 30 00 4 4 8 6

- 52242
1. Sex, Female No. of Child of Mother, 4
 2. Race or Color, White
 3. Date, Dec. 29.
 4. Place of Birth, Boston Pear^o
 5. Full Name of Mother, Minnie Beam
 6. Mother's Maiden Name, Shanty
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, John Beam
 9. Father's Occupation, Butcher
 10. Father's Birthplace, Baltimore
- Mrs. C. Paulstick 8 72

RETURN OF A BIRTH. 52243

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2d

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

29 Dec 1893

4. Place of Birth, (Street and Number)

1124 Riverside Ave

5. Full Name of Mother,

Margaret Mallis

6. Mother's Maiden Name,

Moran

7. Mother's Birthplace,

Ch. Co Md

8. Full Name of Father,

William Mallis

9. Father's Occupation

B. & C R R

10. Father's Birthplace,

Fredricks Md

Name of Medical Attendant, or other person who makes this Return,

Elizabeth Jewell

Address,

436 E Fort Ave

Remarks,

18930004488

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52244

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

December 29th 1893

4. Place of Birth, (Street and Number)

2804 Boston St

5. Full Name of Mother,

Mrs. Ellen Hammond

6. Mother's Maiden Name,

Miss Ellen Connolly

7. Mother's Birthplace,

Philadelphia

8. Full Name of Father,

Charles J. Hammond

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return,

Dr. P. L. L. L. L.

Address,

1225 Hare St.

Remarks,

18930004489

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH. 52246

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 29th / 1893

4. Place of Birth, (Street and Number) Machinery City No 13th St

5. Full Name of Mother, Ellen E. Sauer

6. Mother's Maiden Name, Ellen Wirtz

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William C. Sauer

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. J. S. Sauer

Address, No 1922 Wilkins St

Remarks,

18930004491

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH. 52247

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
 Sex, (state whether male or female) Female
 Race or Color, (if not of the white race) white
 Date of Birth, Decr 29 1893
 Place of Birth, (Street and Number) E. Preston St. 1751
 Full Name of Mother, Virginia Mann
 Mother's Maiden Name, Virginia Branslow
 Mother's Birthplace, Baltimore
 Full Name of Father, Henry Mann
 Father's Occupation, Bk Keeper
 Father's Birthplace, Baltimore
 Name of Medical Attendant, or other person who makes this Return, Mary Watter
 Address, 428 N. Bond St.
 Remarks, _____

1 8 9 3 0 0 0 4 4 9 2

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52248

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)...

3. Date of Birth,...

4. Place of Birth, (Street and Number)...

5. Full Name of Mother,...

6. Mother's Maiden Name,...

7. Mother's Birthplace,...

8. Full Name of Father,...

9. Father's Occupation,...

10. Father's Birthplace,...

Name of Medical Attendant, or other person who makes this Return,...

Address,...

Remarks,...

8930004493

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

52249

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd.*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Mulatto.*

3. Date of Birth, *December 29th 1894*

4. Place of Birth, (Street and Number) *528 St. Mary's St.*

5. Full Name of Mother, *Kattie Gibbs*

6. Mother's Maiden Name, *Kattie Groome*

7. Mother's Birthplace, *Baltimore, Md.*

8. Full Name of Father, *Robt. A. Gibbs*

9. Father's Occupation, *Messenger*

10. Father's Birthplace, *Baltimore, Md.*

Name of Medical Attendant, or other person who makes this Return, *Henry C. Ogle, M.D.*

Address, *1303 Mass. Fayette St.*

Remarks, *8930004494*

RETURN OF A BIRTH. 52250

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 29th December 1893

4. Place of Birth, (Street and Number) 2203 E. Fayette St.

5. Full Name of Mother, Marie Smith

6. Mother's Maiden Name, Marie Kraft

7. Mother's Birthplace, Baltimore M.D.

8. Full Name of Father, Edward Smith

9. Father's Occupation, Bakery

10. Father's Birthplace, Baltimore M.D.

Name of Medical Attendant, or other person who makes this Return, Mrs. Lea Hill

Address, 207 N. Castle St. Baltimore

Remarks, \ \ \ \ \

† 8 9 3 0 0 0 4 4 9 5

RETURN OF A BIRTH. 52257

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 29th 1893

4. Place of Birth, (Street and Number) 1421 Hanover St

5. Full Name of Mother, Elizabeth Casey

6. Mother's Maiden Name, Elizabeth Croh

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Patrick Casey

9. Father's Occupation, Labor

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Ellenora A. Anderson

Address, 1434 Patuxco St

Remarks,

8930004496

RETURN OF A BIRTH. 52252

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Name of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8

2. Sex, (state whether male or female).

Male

3. Race or Color, (if not of the white race).

White

4. Date of Birth.

29 December 1893

5. Place of Birth, (Street and Number).

1815 Light St

6. Full Name of Mother,

Margaret Pope

7. Mother's Maiden Name,

Margaret Pope

8. Mother's Birthplace,

Baltimore

9. Full Name of Father,

Wesley Pope

10. Father's Occupation,

Fireman

11. Father's Birthplace,

Virginia

Name of Medical Attendant, or other person who makes this Return.

C. A. Brooks

Address,

1828 Light St

Remarks,

Living Well

18930004497

Printed to the line of ten city squares for each of these, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52253

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Age of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 27th September 1893

4. Place of Birth, (Street and Number) 1109 Scott St

5. Full Name of Mother, Fizzie Darling

6. Mother's Maiden Name, Fizzie Stewart

7. Mother's Birthplace, Maryland

8. Full Name of Father, George Darling

9. Father's Occupation, Carpenter

10. Father's Birthplace, Beltsville

Name of Medical Attendant, or other person who makes this return, C. A. Roache

Address, 1328 Light St

Remarks, Fizzie Darling

5930004498

RETURN OF A BIRTH. 52254

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Age of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

29th December 93

4. Place of Birth, (Street and Number)

214 Frederick St

5. Full Name of Mother,

Augusta Reinhardt

6. Mother's Maiden Name,

Augusta Reeliger

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Charles Reinhardt

9. Father's Occupation,

Butcher

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return,

Friederike Heuler Midwife

Address,

2116 West Pratt St

Remarks,

1 8 9 3 0 0 4 4 9 9

RETURN OF A BIRTH. 52255

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *27th September 1875*

4. Place of Birth, (Street and Number) *1218 Battery Ave*

5. Full Name of Mother, *Mary Ann Kessler*

6. Mother's Maiden Name, *Mary Ann Hettle*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John Kessler*

9. Father's Occupation, *Engineer*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other person who makes this Return, *C. A. Brooks*

Address, *1828 Light St*

Remarks, *Same*

18930004500

RETURN OF A BIRTH. 52256

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Noted: The fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *30 December 1893*
 4. Place of Birth, (Street and Number) *303 E. Fort Ave*
 5. Full Name of Mother, *Emeline Mackinn*
 6. Mother's Maiden Name, *Emeline Buckman*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *George Edward Mackinn*
 9. Father's Occupation, *Sailor*
 10. Father's Birthplace, *Baltimore*
 Name of Medical Attendant, or other person who makes this Return, *C. A. Brooks*
 Address, *1338 Light St*
 Remarks, *Strong Well*

1 8 9 3 0 0 0 4 5 0 1

RETURN OF A BIRTH. 53257

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) Dec-31-1893
 1. Sex, (state whether male or female) In Male Baby
 2. Race or Color, (if not of the white race) Colored
 3. Date of Birth, Dec-30-1893
 4. Place of Birth, (Street and Number) Thursty Row
 5. Full Name of Mother, Maggie Fletcher
 6. Mother's Maiden Name, Maggie Sizer
 7. Mother's Birthplace, Caroline Co. Pa
 8. Full Name of Father, Edward Fletcher
 9. Father's Occupation Labor
 Father's Birthplace, M.D.
 Name of Medical Attendant, or other person who makes this Return, Susan E. Bailey
 Address, # 8 Tall of St Waverly
 Remarks, Baltimore City
 1893 53257

jected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52258

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Dec 30th Col

3. Date of Birth, Dec 30th 1893

4. Place of Birth, (Street and Number) 538 McMechin St.

5. Full Name of Mother, Ella Lytle

6. Mother's Maiden Name, Ella Halley

7. Mother's Birthplace, St. Mary's Co.

8. Full Name of Father, Benjamin Lytle

9. Father's Occupation, Phosphate Tackling

10. Father's Birthplace, St. Mary's Co.

Name of Medical Attendant, or other person who makes this Return, J. M. H. M. D.

Address, 57 2nd Street

Remarks,

1 8 9 3 0 0 0 4 5 0 3

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 5225-9

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 30th 93

4. Place of Birth, (Street and Number) 818 Leg St

5. Full Name of Mother, Mrs. J. Weissert

6. Mother's Maiden Name, Miss T. Zimmerman

7. Mother's Birthplace, Balta Md

8. Full Name of Father, G. F. Weissert

9. Father's Occupation, Barber

Father's Birthplace, Ohio

Name of Medical Attendant, Katie Munch or other person who makes this Return.

Address, 500 Leadenhall Street

Remarks, 18930004504

only such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

10102

RETURN OF A BIRTH. 52260

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2^d

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth.

December 28 1893

4. Place of Birth, (Street and Number)

2107 Oak Street

5. Full Name of Mother,

Lucie Bantz Bantz

6. Mother's Maiden Name,

Lucie Parker

7. Mother's Birthplace,

Johnstown Penn

8. Full Name of Father,

Edens C. Bantz

9. Father's Occupation

Assistant Treasurer of U.S.

10. Father's Birthplace,

Dayton, Ohio

Name of Medical Attendant, or other person who makes this Return.

Marbury Brewer M.D.

Address,

1106 McCulloch Street

Remarks,

Self name of child Cora Ann Bantz

5930004505

RETURN OF A BIRTH. 52261

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

Boy White

Dec. 30/93

1727 Ashland Ave.

Annie S. Schnabel

" Weiss

Balto. Julius Schnabel

Baerker

Germany

Mrs. Weisenhofer

2225 Gough Str

893000450

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 52262

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
Sex, (state whether male or female) Girl
Race or Color, (if not of the white race) White
Date of Birth, December 20 1873
Place of Birth, (Street and Number) Cuba St 1635
Full Name of Mother, Mary Davis
Mother's Maiden Name, Morris
Mother's Birthplace, Dublin - Ireland
Full Name of Father, William Davis
Father's Occupation, Saloon keeper
Father's Birthplace, Wales
Name of Medical Attendant, or other person who makes this Return, Johanna Jonske
Address, Garrett St 1363
Remarks, _____

1 8 9 3 0 0 0 4 5 0 7

Penalty for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52263

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec 3d 1893

4. Place of Birth, (Street and Number)

215 Dors Street

5. Full Name of Mother,

Josephine

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

Father's Birthplace,

Name of Medical Attendant, or other person who made this Return

T. B. Stone M.D.

Address,

622 W. Lombard Street

Remarks,

8930004508

any such person or persons who shall hereafter fail to comply with the provisions of this sections shall be liable to the fine of ten (\$10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52264

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Twin #*

2. Sex, (state whether male or female) *and male*

3. Race or Color, (if not of the white race)

4. Date of Birth, *Dec 30th 1893*

5. Place of Birth, (Street and Number) *429 E North Ave*

6. Full Name of Mother, *Mary Edward Webster*

7. Mother's Maiden Name, *Richards*

8. Mother's Birthplace, *Baltimore*

9. Full Name of Father, *Lewis Thomson Webster*

10. Father's Occupation, *Fireman on M.C. & P.R.*

11. Father's Birthplace, *Canroll Co Md*

12. Name of Medical Attendant, or other person who makes this return, *Elias C Price M.D.*

13. Address, *953 Madison Ave*

14. Remarks, *At least 6 weeks premature, weighed 4 1/4 lbs. each.*
Labor brought on in consequence of a fright.

RETURN OF A BIRTH. 52265

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male & Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *429 North Ave Dec 30/13*

4. Place of Birth, (Street and Number) *" "*

5. Full Name of Mother, *Mary E Webster*

6. Mother's Maiden Name, *Richards*

7. Mother's Birthplace, *City*

8. Full Name of Father, *Lewis M. Webster*

9. Father's Occupation, *Maryland*

10. Father's Birthplace, *Maryland*

Name of Medical Attendant, or other person who makes this Return, *Chas. C. Price*

Address, *(blank)*

Remarks, *(blank)*

1 0 9 3 0 0 0 4 5 1 0

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

52266

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female.

2. Race or Color, (if not of the white race)

White.

3. Date of Birth.

December 30, 1893.

4. Place of Birth, (Street and Number)

2111 Jefferson Place.

5. Full Name of Mother,

Lucy Catherine McCalland

6. Mother's Maiden Name,

Wortham.

7. Mother's Birthplace,

Pa.

8. Full Name of Father,

Clifton Larrison McCalland.

9. Father's Occupation

Locksmith - and Bill Wagon.

10. Father's Birthplace,

Ind.

Name of Medical Attendant,

or other person who makes this Return,

Chas. H. Mitchell M.D.

Address,

291 Chestnut Ave.

Remarks,

5950004511

RETURN OF A BIRTH. 52267

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Male
White

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec. Jan 30, 93

4. Place of Birth, (Street and Number)

17 E. Hamburg

5. Full Name of Mother,

Lizzie Beck

6. Mother's Maiden Name,

Myers

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Ernest Beck

9. Father's Occupation,

Tailor

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other person who makes this Return,

James W. Smith

Address,

403 Amos St

Remarks,

1 8 9 3 0 0 0 4 5 1 2

RETURN OF A BIRTH 52268

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third (3rd)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

December 30th 1893

4. Place of Birth, (Street and Number)

523 N. Caroline St.

5. Full Name of Mother,

Betty Gately

6. Mother's Maiden Name,

Betty Burke

7. Mother's Birthplace,

Baltimore Md.

8. Full Name of Father,

George Gately

9. Father's Occupation,

Clark P. & B. R.R.

Father's Birthplace,

Baltimore, Maryland

Name of Medical Attendant, or other person who

made this

James Whitford M.D.

Address,

117 Air Street

Remarks,

1 8 9 3 0 0 0 4 5 1 3

Jeeted to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52269

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) _____
3. Date of Birth, Dec. 31, 1893
4. Place of Birth, (Street and Number) 240 W. Hoffman St.
5. Full Name of Mother, Augusta Johnson
6. Mother's Maiden Name, Green
7. Mother's Birthplace, Washington, D.C.
8. Full Name of Father, Wm. S. Johnson
9. Father's Occupation, Teacher
10. Father's Birthplace, Ohio
Name of Medical Attendant, or other person who makes this Return, Dr. Edward L. Green, M.D.
Address, 357 N. E. 1st St.
Remarks, _____

1 8 9 3 0 0 0 4 5 1 4

RETURN OF A BIRTH. 52270

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

0 9 3 0 0 4 5 1 5

RETURN OF A BIRTH. 52271

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 27 - 93

4. Place of Birth, (Street and Number) 1804 H H Bulto St

5. Full Name of Mother, Mrs Kate Jensen Bursell

6. Mother's Maiden Name, " "

7. Mother's Birthplace, Balto

8. Full Name of Father, Harry Bursell

9. Father's Occupation, Mechanic

10. Father's Birthplace, Baltimore, Md

Name of Medical Attendant, or other person who makes this Return, J. S. Gifford

Address, Union Square

Remarks, 18930004516

ected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52272

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, ~~3d~~, &c.)

1. Sex, (state whether ~~male~~ or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, 31 December 1893

4. Place of Birth, (Street and Number) 1314 Portico St.

5. Full Name of Mother, Amalia Brown

6. Mother's Maiden Name, H. Hofmann

7. Mother's Birthplace, Germany

8. Full Name of Father, Edw. H. Brown

9. Father's Occupation, Iron-Workers

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Katie Mieruch

Address, 300 Leadenhall Street

Remarks, 1 6 9 3 0 0 0 4 5 1 7

Jeeted to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52273

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) W
3. Date of Birth Dec the 31st 1893
4. Place of Birth, (Street and Number) 506 Shepherd St
5. Full Name of Mother, Cathern Teubner
6. Mother's Maiden Name, Jensen
7. Mother's Birthplace, City
8. Full Name of Father, William Teubner
9. Father's Occupation, Wood Carver
10. Father's Birthplace, City
- Name of Medical Attendant, or other person who makes this Return, M A Ledley
- Address, 1004 West Lexington St.
- Remarks,

1 8 9 3 0 0 0 4 5 1 8

RETURN OF A BIRTH. 52274

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec 31. 1893

4. Place of Birth, (Street and Number)

622 W Lombard Street

5. Full Name of Mother,

Mary Lizzie Lee.

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

J. B. Stone M.D.

Address,

622 W Lombard Street.

Remarks,

18930004519

Printed to the line of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52275

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Dec 31 - 1893

4. Place of Birth, (Street and Number) 1220 Canton Ave.

5. Full Name of Mother, Lizzie Petzke

6. Mother's Maiden Name, Nicklaus

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Albert Petzke

9. Father's Occupation, Farmer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks, 18930004520

ected to the life of ten (10) dollars for each offense, to be recovered as other fines and penalties are recovered.

RETURN OF A BIRTH. 52276

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: George A. Schoeler

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Nov 31 - of December 1895

4. Place of Birth, (Street and Number) 625 Monford ave.

5. Full Name of Mother, M. Agnes Schoeler

6. Mother's Maiden Name, Badenbeck

7. Mother's Birthplace, B. Alto

8. Full Name of Father, August (Schoeler) Schoeler

9. Father's Occupation, carver

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. P. Gross

Address, 1407 O. Monument St.

Remarks,

1 8 9 3 0 0 0 4 5 2 1

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

OPEN NAME ADDED 4-25-55
RETURN OF A BIRTH

52277

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Lillian Miller Kilmore
of Child of Mother, (state whether 1st, 2d, 3d, &c.) First (1st)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 31st 1893
4. Place of Birth, (Street and Number) 1138 Forest Place
5. Full Name of Mother, Lilly B. Kilmore
6. Mother's Maiden Name, Lilly B. Miller
7. Mother's Birthplace, Glenora Pa
8. Full Name of Father, Michael Kilmore
9. Father's Occupation, Lineman
Father's Birthplace, York County Pa
Name of Medical Attendant, or other person who makes this Return, James Whitford MD
Address, 29 Air Street
Remarks,

18930004522

RETURN OF A BIRTH.

53278

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether 1st, 2d, 3d, &c.) 1
Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec. 31 1893

4. Place of Birth, (Street and Number) Balt. Wolfe St 116

5. Full Name of Mother, Gussie Purity

6. Mother's Maiden Name, Gussie Deling

7. Mother's Birthplace, Long Island

8. Full Name of Father, John Purity

9. Father's Occupation, Laborer

10. Father's Birthplace, Balt.

Name of Medical Attendant, or other person who makes this Return, Mrs. Josa. Klineyer

Address, No. 2026 East. Fayette St.

Remarks, 1 6 9 3 0 0 0 4 5 2 3

jected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52279

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th &c

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 1st 1893

4. Place of Birth, (Street and Number) 505 1st Port St

5. Full Name of Mother, Anni Vogel

6. Mother's Maiden Name, Anni Eberlin

7. Mother's Birthplace, Baltimore M.D.

8. Full Name of Father, George Vogel

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore M.D.

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 504 1st Washington St

Remarks,

8 9 3 0 0 4 5 2 4

RETURN OF A BIRTH. 52280

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sixth.

1. Sex, (state whether male or female)...

Female

2. Race or Color, (if not of the white race)

C

3. Date of Birth,

Dec - 1st 93

4. Place of Birth, (Street and Number)

528 Woodward Street

5. Full Name of Mother,

Alberta Freeman

6. Mother's Maiden Name,

—

7. Mother's Birthplace,

—

8. Full Name of Father,

—

9. Father's Occupation,

—

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

J. Edward M.D.

Address,

622 N. Lombard Street.

Remarks,

8930004525

RETURN OF A BIRTH 52281

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

● of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec 1st 1893

4. Place of Birth, (Street and Number)

500 S Gibson St-
Atta Le, Ball

5. Full Name of Mother,

6. Mother's Maiden Name,

Brown
Baltimore

7. Mother's Birthplace,

8. Full Name of Father,

Amory F. Ball
Laborer

9. Father's Occupation,

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Elekanee M.D.

Address,

830 Columbia Ave

Remarks,

1 8 9 3 0 0 0 4 5 2 6

penal to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52282

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *Dec 1st 1893*
 4. Place of Birth, (Street and Number) *2028 Druid Hill Ave*
 5. Full Name of Mother, *Edith Danghersty*
 6. Mother's Maiden Name, *Gelwick*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *Thos Danghersty*
 9. Father's Occupation, *Clerk*
 10. Father's Birthplace, *Baltimore*
 Name of Medical Attendant, or other person who makes this Return, *Chas E Sadler*
 Address, *2100 Druid Hill Ave*
 Remarks,

1893000527

RETURN OF A BIRTH. 53283

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female).

Female

2. Race or Color, (if not of the white race).

3. Date of Birth,

December 1st 1893

4. Place of Birth, (Street and Number).

Baltimore #428 Henrietta St

5. Full Name of Mother,

Kathrine Floren Blum

6. Mother's Maiden Name,

Feldman

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Mary Blum

9. Father's Occupation,

Baker

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return,

W. S. Brown

Address,

711 Brown St

Remarks,

18930004528

RETURN OF A BIRTH. 52284

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 1 December 893

4. Place of Birth, (Street and Number) 428 S. Bond Street

5. Full Name of Mother, Sarah Boshner

6. Mother's Maiden Name, Cohen

7. Mother's Birthplace, Russia

8. Full Name of Father, Samuel Boshner

9. Father's Occupation, Store-keeper

10. Father's Birthplace, Russian

Name of Medical Attendant, or other person who makes this Return, Dr. Cohen

Address, 428 S. Bond Street

Remarks,

1 8 9 3 0 0 0 4 5 2 9

Revised to the one of ten dollars for each of cause, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. GIVEN DATE 1969 3-14-62

GIVEN NAME ADDED 3-14-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Alma Edith Pearson

Age of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).....*Male*
2. Race or Color, (if not of the white race).....*White*
3. Date of Birth,.....*2 December 1893*
4. Place of Birth, (Street and Number).....*Stamberg St 1210*
5. Full Name of Mother,.....*Paula Hanson*
6. Mother's Maiden Name,.....*Kule*
7. Mother's Birthplace,.....*Polka Ind*
8. Full Name of Father,.....*Carst Hanson*
9. Father's Occupation,.....*Father Carrier*
10. Father's Birthplace,.....*Polka Ind*
11. Name of Medical Attendant, or other person who makes this return,.....*C. A. Breaker*
- Address,.....*328 2nd St SE*
- Remarks,.....*Samuel M. Ull*
- 10930004530

RETURN OF BIRTH. 52286

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Albert James Winslow
of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Dec. 2, 1893
4. Place of Birth, (Street and Number) 711 Rose St
5. Full Name of Mother, Kate Winslow
6. Mother's Maiden Name, Kate Winslow
7. Mother's Birthplace, Balto.
8. Full Name of Father, John Winslow
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto.
- Name of Medical Attendant, or other person who makes this Return, E. J. Carson
- Address, Rose - Canton Ave.
- Remarks,

1 8 9 3 0 0 4 5 3 1

Persons who fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52287

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec 2nd 1893

4. Place of Birth, (Street and Number)

809 W. Cross St

5. Full Name of Mother,

Catherine Reynolds

6. Mother's Maiden Name,

Benner

7. Mother's Birthplace,

Balto.

8. Full Name of Father,

Harry C. Reynolds

9. Father's Occupation,

Pass. R.R. Fireman

10. Father's Birthplace,

Balto.

Name of Medical Attendant, or other person who makes this Return,

R. C. Lee

Address,

Harmon St.
Cn Bams

Remarks,

18930004532

RETURN OF A BIRTH. 52288

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
2. Sex, (state whether male or female) *Male*
3. Race or Color, (if not of the white race) _____
4. Date of Birth, *Dec 2 '93*
5. Place of Birth, (Street and Number) *1019 Harrison St*
6. Full Name of Mother, *Mary Jennings*
7. Mother's Maiden Name, *" J. Hartman*
8. Mother's Birthplace, *Balto Md*
9. Full Name of Father, *Nicholas J. Jennings*
10. Father's Occupation, *Laborer*
11. Father's Birthplace, *Balto Md*
12. Name of Medical Attendant, or other person who makes this Return, *Barclay Miller*
13. Address, *1008 Walker St*
14. Remarks, _____

1 6 9 3 0 0 0 4 5 3 3

RETURN OF A BIRTH. 52289

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

☒ of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
 1. Sex, (state whether male or female) *Boy*
 2. Race or Color, (if not of the white race) *18 Dec. 1893*
 3. Date of Birth, *1214*
 4. Place of Birth, (Street and Number) *Eden St*
 5. Full Name of Mother, *Fannie Siegel*
 6. Mother's Maiden Name, *Mendel*
 7. Mother's Birthplace, *Balt.*
 8. Full Name of Father, *John Siegel*
 9. Father's Occupation, *Balt.*
☒ Father's Birthplace, *Balt.*
 Name of Medical Attendant, or other person who makes this Return, *Annie Walker*
 Address, *928 N. Cal St.*
 Remarks,

1 8 9 3 0 0 0 4 5 3 4

jected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 3-1-16

RETURN OF A BIRTH 52290

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name: *Clarence M. Plitt*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fourth

Sex, (state whether male or female).

Male

Race or Color, (if not of the white race)

White

Date of Birth,

December 2^d 1893

Place of Birth, (Street and Number)

2508 Frances St.

Full Name of Mother,

Dora Plitt

Mother's Maiden Name,

Manger

Mother's Birthplace,

Baltimore, Md.

Full Name of Father,

John William Plitt

Father's Occupation,

Butcher

Father's Birthplace,

Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return.

Sam W. Knight Esq.

Address,

414 N. Greene St.

Remarks,

18930004535

RETURN OF A BIRTH

52291

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

Sex, (state whether male or female)

Male

Race or Color, (if not of the white race)

White

Date of Birth,

Dec 2 1893

Place of Birth, (Street and Number)

308 South Paca

Full Name of Mother,

Maggie Fry

Mother's Maiden Name,

Evans

Mother's Birthplace,

Pa

Full Name of Father,

Charles Fry

Father's Occupation,

Unknown

Father's Birthplace,

Pa

Name of Medical Attendant, or other Person who makes this Return

Wm. Dodson M.D.

Address,

1408 Madison Av

Remarks,

1 8 9 3 0 0 0 4 5 3 6

any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH. 52292

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 2, 1893.

4. Place of Birth, (Street and Number) 211 West Twenty-Ninth St.

5. Full Name of Mother, Mary Catherine McCauley.

6. Mother's Maiden Name, Peacock.

7. Mother's Birthplace, Pa.

8. Full Name of Father, Amos Oscar McCauley.

9. Father's Occupation, Engineer.

Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut St.

Remarks, 1 8 9 3 0 0 0 4 5 3 7

Persons who neglect to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH 52293

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec. 2" 1893

4. Place of Birth, (Street and Number)

1246 Columbia Ave

5. Full Name of Mother,

Alice Daffin

6. Mother's Maiden Name,

Spinks

7. Mother's Birthplace,

8. Full Name of Father,

Harry Daffin

9. Father's Occupation,

Laborer

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

E. C. Gancee M.D.

Address,

830 Columbia Ave

Remarks,

18930004538

GIVEN NAME ADDED 5-2-51RETURN OF A BIRTH. 52294

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Harry Bernard Woodcock
 of Child of Mother, (state whether 1st, 2d, 3d, &c.) Had 5 Children

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Dec 2nd 1893

4. Place of Birth, (Street and Number) Baltimore Md. No. 1257

5. Full Name of Mother, Mrs. Luella Woodcock

6. Mother's Maiden Name, Miss Luella Cain

7. Mother's Birthplace, Winchester Va

8. Full Name of Father, Mr. William Joseph Woodcock

9. Father's Occupation, Engineer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Bang

Address, 711 N. Bond St.

Remarks, _____

18930004539

Penalty to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52295

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

● of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. Date of Birth,

4. Place of Birth, (Street and Number).

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

● Father's Birthplace,

Name of Medical Attendant, or other person who
made this return.

Address,

Remarks,

18930004540

ected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52296

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 3rd 1893

4. Place of Birth, (Street and Number) 2106 Johnson st

5. Full Name of Mother, Margai Gisel

6. Mother's Maiden Name, Margai Senard

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Fred Gisel

9. Father's Occupation, Police

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Lunn

Address, 1625 E. Chester st Belair Ave

Remarks, 1 0 9 3 0 0 0 4 5 4 1

ected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

52297

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) —

Male

2. Race or Color, (if not of the white race) —

White

3. Date of Birth, —

Dec 30 1893

4. Place of Birth, (Street and Number) —

St. Vincent's Infant Asylum

5. Full Name of Mother, —

Siggie Long

6. Mother's Maiden Name, —

7. Mother's Birthplace, —

Baltimore

8. Full Name of Father, —

Not known

9. Father's Occupation, —

10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return, —

A. L. H. H. H.

Address, —

601 Decoy St.

Remarks, —

10930004542

RETURN OF A BIRTH. 52298

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Dec. 3rd 1893

4. Place of Birth, (Street and Number)

1138 Woodward St.

5. Full Name of Mother,

Lena Blumenthal

6. Mother's Maiden Name,

Lena Hochstadt

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Frederick H. Blumenthal

9. Father's Occupation,

Shoe cutter

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other person who makes this Return.

Wm. H. H. H.

Address,

572 Preston St.

Remarks,

18930004543

jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 52294

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, Dec 3, 1893
 4. Place of Birth, (Street and Number) 1205 Grand Hotel St., Caly.
 5. Full Name of Mother, Jennie Gittinger
 6. Mother's Maiden Name, Jennie Richstein
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, J. Richstein
 9. Father's Occupation, Trav. Salesman
 10. Father's Birthplace, Balt.
 Name of Medical Attendant, or other Person who makes this Return, Dr. Chas. A. Wilson, M.D.
 Address, 2101 Maryland Ave.
 Remarks,

18930004544

RETURN OF A BIRTH. 52300

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9
 1. Sex, (state whether male or female) female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, December the 3, 1893
 4. Place of Birth, (Street and Number) St. John Ave. No. 4006
 5. Full Name of Mother, Mary R. Seman
 6. Mother's Maiden Name, Mary R. Addams
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, James R. Seman
 9. Father's Occupation, Painter
 10. Father's Birthplace, Baltimore
 Name of Medical Attendant, or other person who makes this Return, Mrs. H. Kelley
 Address, No. 19 22 Watkins Ave.
 Remarks, 18930004545

RETURN OF A BIRTH. 52301

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *3 December 1893*
4. Place of Birth, (Street and Number) *30 Health St*
5. Full Name of Mother, *Mary Barton*
6. Mother's Maiden Name, *Mary Hogan*
7. Mother's Birthplace, *Irish*
8. Full Name of Father, *Edward Barton*
9. Father's Occupation, *Fireman*
10. Father's Birthplace, *Irish*
11. Name of Medical Attendant, or other person who makes this Return, *E. A. Bracker*
12. Address, *1838 Light St*
13. Remarks, *D. J. M. Hall*

0930004546

RETURN OF A BIRTH. 52302

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) ..

2. Race or Color, (if not of the white race) ..

3. Date of Birth, ..

4. Place of Birth, (Street and Number) ..

5. Full Name of Mother, ..

6. Mother's Maiden Name, ..

7. Mother's Birthplace, ..

8. Full Name of Father, ..

9. Father's Occupation, ..

10. ☒ Father's Birthplace, ..

Name of Medical Attendant, or other person who makes this Return, ..

Address, ..

Remarks, ..

First

Female

Dec 3 1893

612 Dover Street

Oliver Hawkins

O. B. Stone, M.D.

622 W. Lombard Street

6930004547

RETURN OF A BIRTH. 52303

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

7th 1893

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec 5th 1893

4. Place of Birth, (Street and Number)

S E Cor Pleasant North

5. Full Name of Mother,

Mary Callahan

6. Mother's Maiden Name,

Mary Morgan

7. Mother's Birthplace,

Callahan

8. Full Name of Father,

Joseph Callahan

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Ireland

Name of Medical Attendant,

or other person who makes this return,

Les. B. Reynolds

Address,

711 N. Calvert St

Remarks,

1 8 9 3 0 0 0 4 5 4 8

RETURN OF A BIRTH. 52304

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 3/12/43

4. Place of Birth, (Street and Number) 502 E. Pratt St.

5. Full Name of Mother, Elizabeth Miller

6. Mother's Maiden Name, Goetze

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Melchior Miller

9. Father's Occupation, Boiler maker

10. Father's Birthplace, Switzerland

Name of Medical Attendant, or other person who makes this Return, Maria Elias

Address, 1242 N. Eldery St.

Remarks, 1486 10930004549

RETURN OF A BIRTH. 52308

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this act shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) W. White

3. Date of Birth, December 3 1899

4. Place of Birth, (Street and Number) 1936 Hanover St

5. Full Name of Mother, Bertha Stein

6. Mother's Maiden Name, Bertha West

7. Mother's Birthplace, Germany

8. Full Name of Father, Fredrick Stein

9. Father's Occupation, Saloon Keeper

Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, C. A. Brooks

Address, 1868 Figs. St

Remarks, Ding M. McC

189930004550

RETURN OF A BIRTH. 52306

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, December 3rd. 1893
 4. Place of Birth, (Street and Number) No 325 S. Woodgear St.
 5. Full Name of Mother, Frieda Miller
 6. Mother's Maiden Name, Fehrenbach
 7. Mother's Birthplace, Germany
 8. Full Name of Father, Louis S. Miller
 9. Father's Occupation, Tailor
 10. Father's Birthplace, Germany
 Name of Medical Attendant, or other person who makes this Return, Annie Lindner
 Address, No 126 S. Howard St.
 Remarks, 18930004551

RETURN OF A BIRTH. 52307

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec. 3/93

4. Place of Birth, (Street and Number) 11 N. Washington str.

5. Full Name of Mother, Barbara Weniger

6. Mother's Maiden Name, " Haack

7. Mother's Birthplace, Germany

8. Full Name of Father, Joseph Weniger

9. Father's Occupation, Baker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return.

Address, Mrs. Reichenhofer

Remarks, 18932225 5th str.

RETURN OF A BIRTH.

52308

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6
 1. Sex, (state whether male or female) Boy
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, Dec 3rd 1893
 4. Place of Birth, (Street and Number) 2018 E Fayette St
 5. Full Name of Mother, Annie Schiller
 6. Mother's Maiden Name, Annie Schuy
 7. Mother's Birthplace, Germans
 8. Full Name of Father, Frank Schiller
 9. Father's Occupation, Barber
 10. Father's Birthplace, Germans
 Name of Medical Attendant, Henry Kopits
or other person who makes this Return.
 Address, 205 Washington St
 Remarks, 1 6 9 3 0 0 0 4 5 5 3

RETURN OF A BIRTH. 52309

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 3 December 1873

4. Place of Birth, (Street and Number) 1740 Hanover St

5. Full Name of Mother, Lenia Blochburger

6. Mother's Maiden Name, Lenia Heuber

7. Mother's Birthplace, Paltz, Md

8. Full Name of Father, Francis Blochburger

9. Father's Occupation, Carter

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Dr. A. B. B. B.

Address, 1828 Light St

Remarks, 6930004554

RETURN OF A BIRTH. 52310

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

3
 A Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 3rd 1893.

4. Place of Birth, (Street and Number) 1210 Chapel St.

5. Full Name of Mother, Barbara Martine

6. Mother's Maiden Name, Bohemian

7. Mother's Birthplace, Frank Martine

8. Full Name of Father, Taylor

9. Father's Occupation, Bohemian

10. Father's Birthplace, Nearly Kofis

Name of Medical Attendant, or other person who makes this Return, 205 N Washington St.

Address, 18930004555

Remarks,

CERTIFICATE CORRECTED 4-2-50
 RETURN OF A BIRTH. 52311
 CERTIFICATE CORRECTED 7-22-50

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, ~~ELSA~~ BELLE Blumenthal
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, 3 December 1892
 4. Place of Birth, (Street and Number) 624 E. Fayette St.
 5. Full Name of Mother, Beckie (Beese) Blumenthal
 6. Mother's Maiden Name, Ungersmiller
 7. Mother's Birthplace, Russia
 8. Full Name of Father, Elie Blumenthal
 9. Father's Occupation, book smelter
 10. Father's Birthplace, Russia
 Name of Medical Attendant, or other person who makes this Return, E. Blumenthal
 Address, 411 Broadway St.
 Remarks,

1 0 9 3 0 0 0 1 5 5 6

RETURN OF A BIRTH. 52312
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 3rd 1893
4. Place of Birth, (Street and Number) 636 S. Paca St.
5. Full Name of Mother, Mary Elizth Augustine
6. Mother's Maiden Name, Donahoe
7. Mother's Birthplace, Mt. Washington, Balto. Co.
8. Full Name of Father, Jas. J. Augustine
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia
Name of Medical Attendant, or other person who makes this Return, R. G. Lee
Address, Hanover St.
Remarks, en Pair

1 6 9 3 0 0 0 4 5 5 7

RETURN OF A BIRTH ⁵⁻²³⁻¹³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Dec 4th 1893*

4. Place of Birth, (Street and Number) *1709 Lombard St.*

5. Full Name of Mother, *Elizabeth P. Leary*

6. Mother's Maiden Name, *" Pitsch*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Ann. Leary*

9. Father's Occupation, *Lithographer*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other Person who makes this Return, *Lucas Palmer*

Address, *700 Lafayette Ave.*

Remarks,

1 8 9 3 0 0 0 4 5 5 8

RETURN OF A BIRTH. 52314

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
 Sex, (state whether male or female) Male
 Race or Color, (if not of the white race) White
 Date of Birth, December 4 1893
 Place of Birth, (Street and Number) Pulaski St. 15th
 Full Name of Mother, Mary Ryan
 Mother's Maiden Name, Mary E. Ryan
 Mother's Birthplace, Baltimore
 Full Name of Father, Richard F. Ryan
 Father's Occupation, Machinist
 Father's Birthplace, Baltimore
 Name of Medical Attendant, or other person who makes this Return, Mrs. J. Kelly
 Address, 19-22 Wilkins Ave.
 Remarks, 1 8 9 3 0 0 0 4 5 5 9

RETURN OF A BIRTH. 52315

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child of Mother, (state whether 1st, 2d, 3d, &c.)

III

1. Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec. 4/93

4. Place of Birth, (Street and Number)

112 S. Madeira Alley

5. Full Name of Mother,

Larry Tillerger

6. Mother's Maiden Name,

High

7. Mother's Birthplace,

Balto.

8. Full Name of Father,

Joseph Tillerger

9. Father's Occupation

Driver

10. Father's Birthplace,

Balto.

Name of Medical Attendant, or other person who makes this Return.

Mrs. Heinenhofe

Address,

Remarks,

8930804560

RETURN OF A BIRTH.

52316

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....1
 Sex, (state whether male or female).....female
 Race or Color, (if not of the white race).....White
 Date of Birth,.....December 11
 Place of Birth, (Street and Number).....Milkins St. No. 2090
 Full Name of Mother,.....Ellace Mc Keen
 Mother's Maiden Name,.....Ellace Mc Kennedy
 Mother's Birthplace,.....Baltimore
 Full Name of Father,.....Albert Keen
 Father's Occupation,.....Brush maker
 Father's Birthplace,.....Baltimore
 Name of Medical Attendant, or other person who makes this Return,.....Mrs. S. Kelly
 Address,.....No. 1923 Milkins Ave.
 Remarks,.....

8930004561

RETURN OF A BIRTH.

52317

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child of Mother, (state whether 1st, 2d, 3d, &c.)

III
Girl

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec. 4/98

4. Place of Birth, (Street and Number)

723. S. Ann str.

5. Full Name of Mother,

Maggie Trautfelder

6. Mother's Maiden Name,

Herzinger

7. Mother's Birthplace,

Balto.

8. Full Name of Father,

Thomas Trautfelder

9. Father's Occupation

Laberer

10. Father's Birthplace,

Balto.

Name of Medical Attendant, or other person who makes this Return.

Mrs. Dixenhofer

Address,

Remarks,

89 2885 043 82 str.

RETURN OF A BIRTH. 52318

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
- Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Dec. 4, 1893
4. Place of Birth, (Street and Number) 822 Eugene St.
5. Full Name of Mother, Johnna Beyer
6. Mother's Maiden Name, Johnna Grace
7. Mother's Birthplace, Balto.
8. Full Name of Father, Charles Beyer
9. Father's Occupation, carver
10. Father's Birthplace, Balto.
- Name of Medical Attendant, or other person who makes this Return, Dr. J. L. Swaine
- Address, 824 Camden St.
- Remarks, _____

1 8 9 3 0 0 0 4 5 6 3

RETURN OF A BIRTH. 52319

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The third child*
 1. Sex, (state whether male or female) *A boy child*
 2. Race or Color, (if not of the white race) *A White child*
 3. Date of Birth, *11 Day of December*
 4. Place of Birth, (Street and Number) *No 1622 Abbott St*
 5. Full Name of Mother, *Mrs Louisa Grape*
 6. Mother's Maiden Name, *Louisa Nader*
 7. Mother's Birthplace, *Baltimore City*
 8. Full Name of Father, *Mr James Grape*
 9. Father's Occupation, *Saddle tree maker*
 10. Father's Birthplace, *Baltimore City*
 Name of Medical Attendant, or other person who makes this Return, *Alvise Schvostor*
 Address, *N 1010 Durham st*
 Remarks, *1-8930004564*

RETURN OF A BIRTH. 52820

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, 4th of December

4. Place of Birth, (Street and Number) 1429 Hanover st

5. Full Name of Mother, Lizzie Lucke

6. Mother's Maiden Name, Grete

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Chas Lucke

9. Father's Occupation, Mechanic

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Katie Mierman

Address, 800 Leadenhall Street

Remarks, 8930004565

RETURN OF A BIRTH. 52321

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)...

3. Date of Birth,...

4. Place of Birth, (Street and Number)...

5. Full Name of Mother,...

6. Mother's Maiden Name,...

7. Mother's Birthplace,...

8. Full Name of Father,...

9. Father's Occupation,...

10. Father's Birthplace,...

Name of Medical Attendant, or other person who makes this Return,...

Address,...

Remarks,...

8930004566

RETURN OF A BIRTH. 52322

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) _____
3. Date of Birth, Dec. 4/1893.
4. Place of Birth, (Street and Number) 1601 Park Place
5. Full Name of Mother, Fannie F. Kenny.
6. Mother's Maiden Name, Fannie Kent
7. Mother's Birthplace, _____
8. Full Name of Father, Cornelius D. Kenny.
9. Father's Occupation, Merchant
10. Father's Birthplace, _____
- Name of Medical Attendant, or other person who makes this Return. Howard A. Kelly, M.D.
- Address, 905 N. Charles St.
- Remarks, _____

1 8 9 3 0 0 0 4 5 6 7

RETURN OF A BIRTH 52323

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th.

Sex, (state whether male or female)

Female

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Dec. 4th 1893

4. Place of Birth, (Street and Number)...

2555 McCulloch St.

5. Full Name of Mother,

Mary Bleakley

6. Mother's Maiden Name,

Marshall

7. Mother's Birthplace,

County Anagh, Ireland

8. Full Name of Father,

Saml. H. Bleakley Jr.

9. Father's Occupation,

Car Conductor B.C.P.R.M.

10. Father's Birthplace,

Baltimore Co. Md.

Name of Medical Attendant, or other person who makes this Return.

E. G. Shower M.D.

Address,

2510 Penna. Ave.

Remarks,

1 5 9 3 0 0 0 4 5 6 8

ected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

penalty to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52324

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 4 December 1898

4. Place of Birth, (Street and Number) 1642 Abbott St

5. Full Name of Mother, Teresa Hennis

6. Mother's Maiden Name, Theresa Novak

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Frank Hennis

9. Father's Occupation, Binder

10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Aloisia Schreder

Address, 1001 N. Durham St

Remarks, 6930004569

GIVEN NAME ADDED 7-14-58
 RETURN OF A BIRTH. 52325

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Jeannette Ruby Cavallero
 of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec 14 1893

4. Place of Birth, (Street and Number)

9th Lee St.

5. Full Name of Mother,

Annie Cavallero

6. Mother's Maiden Name,

" Angelo

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Annie Cavallero

9. Father's Occupation

Confectioner

10. Father's Birthplace,

Italy

Name of Medical Attendant, or other person who makes this Return,

Theodore Cortis M.D.

Address,

9th N. Charles St.

Remarks,

1 8 9 3 0 0 0 4 5 7 0

RETURN OF A BIRTH. 52326

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
 2. Sex, (state whether male or female) *Male*
 3. Race or Color, (if not of the white race) *White*
 4. Date of Birth, *5th December 1873*
 5. Place of Birth, (Street and Number) *15th Street*
 6. Full Name of Mother, *James L. Bentz*
 7. Mother's Maiden Name, *James Smith*
 8. Mother's Birthplace, *Wells River*
 9. Full Name of Father, *William Henry Bentz*
 10. Father's Occupation, *Corn Maker*
 11. Father's Birthplace, *Hendrick Co Ind*
 Name of Medical Attendant, *C. A. Brooks*
 Address, *1515 Light St*
 Remarks, *Living Well*
 5930004571

Return to the Office of Registrar of Vital Statistics, Board of Health, Baltimore City, as soon as possible, and in any case, not later than the 1st of January following.

RETURN OF A BIRTH. 52327

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

2. Sex, (state whether male or female)

Male.

3. Race or Color, (if not of the white race)

White.

4. Date of Birth,

Dec 5, 93.

5. Place of Birth, (Street and Number)

802 N. Wolf st.

6. Full Name of Mother,

Minnie May Hooper.

7. Mother's Maiden Name,

" " Robertson.

8. Mother's Birthplace,

Fredk Co. Md.

9. Full Name of Father,

Saml. T. Hooper.

10. Father's Occupation

Machinist.

11. Father's Birthplace,

Balto. Md.

Name of Medical Attendant, or other person who makes this Return.

Geo. A. Kertman, M.D.

Address,

1121 N. Caroline st.

Remarks,

8930004572

RETURN OF A BIRTH. 533 28

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. ☒ of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth. December 5, 1873.

4. Place of Birth, (Street and Number) 522 Birch Hill Westwoodbury

5. Full Name of Mother, Sarah Ann Weighoff

6. Mother's Maiden Name, Hamilton

7. Mother's Birthplace, Ind.

8. Full Name of Father, Edward Lee Weighoff

9. Father's Occupation, Carr Driver

10. Father's Birthplace, Ind.

Name of Medical Attendant, Chas. H. Mitchell M.D. or other person who makes this Return.

Address, 291 Chestnut Ave.

Remarks, 1 6 9 3 0 0 0 4 5 7 3

RETURN OF A BIRTH. 52329

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.
 1. Sex, (state whether male or female) Female.
 2. Race or Color, (if not of the white race) White.
 3. Date of Birth, Dec. 5, 1893.
 4. Place of Birth, (Street and Number) Baltimore or Castle St. N. 229.
 5. Full Name of Mother, Annie Shaffer.
 6. Mother's Maiden Name, Annie Parker.
 7. Mother's Birthplace, Baltimore.
 8. Full Name of Father, Louis Shaefer.
 9. Father's Occupation, Iron Moulder.
 10. Father's Birthplace, Baltimore.
 Name of Medical Attendant, or other person who makes this Return, Mrs. Rosa Kueger.
 Address, 2026 East Fayette St.
 Remarks,

18930004574

RETURN OF A BIRTH. 52330

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. ☒ Child of Mother. (state whether 1st, 2d, 3d, &c.)

2. Sex, (state whether male or female)

3. Race or Color, (if not of the white race)

4. Date of Birth,

5. Place of Birth, (Street and Number)

6. Full Name of Mother,

7. Mother's Maiden Name,

8. Mother's Birthplace,

9. Full Name of Father,

10. Father's Occupation

11. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Second
Female

Dec 8 - 93

610 Caroline St.

Horace Rice

O. V. Stone, M.D.

622 W. Lombard St.

8930004575

RETURN OF A BIRTH. 52331

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6d
 1. Sex, (state whether male or female) male
 2. Race or Color, (if not of the white race) white
 3. Date of Birth, Dec 3, 1893
 4. Place of Birth, (Street and Number) 812 Eastern Ave
 5. Full Name of Mother, Theresa Montimuro
 6. Mother's Maiden Name, Italy
 7. Mother's Birthplace, Italy
 8. Full Name of Father, Vincent Montimuro
 9. Father's Occupation, Italy
 10. Father's Birthplace, Italy
 Name of Medical Attendant, or other person who makes this Return, Mrs C Bernstein
 Address, 122 S. Exeter St
 Remarks, 6930004576

RETURN OF A BIRTH.

52332

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

☐ of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) white
 3. Date of Birth, Dec 5 1893
 4. Place of Birth, (Street and Number) 2576 Essex St
 5. Full Name of Mother, Annie Henderson
 6. Mother's Maiden Name, Annie Brock
 7. Mother's Birthplace, Ireland
 8. Full Name of Father, Thomas Henderson
 9. Father's Occupation, Clover
☐ Father's Birthplace, Ireland
 Name of Medical Attendant, or other person who makes this Return, Wm. L. Harrison
 Address, 224 Canton St.
 Remarks,

18930004577

any such person or persons who shall neglect to file this return, or who shall file a false return, shall be liable to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52334

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 1893

4. Place of Birth, (Street and Number) 1049 Durham St

5. Full Name of Mother, Josefa Lirsky

6. Mother's Maiden Name, Josefa Kroupa

7. Mother's Birthplace, Bohemia

8. Full Name of Father, Jan Lirsky

9. Father's Occupation

Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Aloise Lirsky

Address, 1049 Durham St

Remarks,

1 8 9 3 0 0 0 4 5 7 9

RETURN OF A BIRTH. 52335

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

2. Sex, (state whether male or female) Male

3. Race or Color, (if not of the white race) White

4. Date of Birth, 6th December 1892

5. Place of Birth, (Street and Number) 1730 Potomac St

6. Full Name of Mother, Mary Kraining

7. Mother's Maiden Name, Mary Weber

8. Mother's Birthplace, Baltimore

9. Full Name of Father, William Kraining

10. Father's Occupation, Laborer

11. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, C. D. Brackley

Address, 1828 Light St

Remarks, Dying Well

1 8 9 3 0 0 0 4 5 8 0

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

52336

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

15

1. Sex, (state whether male or female)...

Male

2. Race or Color, (if not of the white race)...

White

3. Date of Birth, ...

5th December 1873

4. Place of Birth, (Street and Number)...

108 Franklin St

5. Full Name of Mother, ...

Josephine W. Kibach

6. Mother's Maiden Name, ...

Josephine Hangmann

7. Mother's Birthplace, ...

Germany

8. Full Name of Father, ...

Michael W. Kibach

9. Father's Occupation, ...

Carpenter

10. Father's Birthplace, ...

Germany

Name of Medical Attendant, or other person who makes this Return, ...

C. A. Brackley

Address, ...

1526 High St

Remarks, ...

Dying

8930004581

any person who neglects to file the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52337

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... *Sc*

1. Sex, (state whether male or female)..... *female*

2. Race or Color, (if not of the white race)..... *White*

3. Date of Birth,..... *December the 5th 1893*

4. Place of Birth, (Street and Number)..... *Equal St. No 18-19*

5. Full Name of Mother,..... *Mary A Miller*

6. Mother's Maiden Name,..... *Mary A. Elise*

7. Mother's Birthplace,..... *germany*

8. Full Name of Father,..... *Madison Miller*

9. Father's Occupation..... *Shoemaker*

10. Father's Birthplace,..... *germany*

Name of Medical Attendant, or other person who makes this Return,..... *Mrs. S. Hall*

Address,..... *16 1929 Watkins St.*

Remarks,.....

1 8 9 3 0 0 0 4 5 8 2

any and person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offense, to be recovered as other fines, and forfeitures are recoverable.

RETURN OF A BIRTH. 52338

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) _____
3. Date of Birth, Dec 6th 1893
4. Place of Birth, (Street and Number) 27 Clipper Row, Woodberry
5. Full Name of Mother, Ida May Mathias
6. Mother's Maiden Name, Ida May Stricklin
7. Mother's Birthplace, Carroll Co. Md.
8. Full Name of Father, George B. Mathias
9. Father's Occupation, Factory operative
Father's Birthplace, Carroll Co. Md.
Name of Medical Attendant, Geo. T. Shower, M.D.
or other person who makes this Return,
Address, 421 Roland Ave. Hampden
Remarks, _____

1 8 9 3 0 0 0 4 5 8 3

RETURN OF A BIRTH. 52339

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Male

White

December 6, 1893.

18 Bow Hill, Not Berman

Elizabeth Amanda Burris.

Clarke.

Id.

James Henry Burris.

Machinist.

Id.

Chas. H. Mitchell M.D.

291 Chestnut Ave.

18930004584

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 52340

GIVEN NAME ADDED 11-13-6

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Paul Reinhart Hassencamp

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (State whether male or female)

Male

2. Race or color, (if not of the white race)

White

3. Date of Birth,

Dec 6 1893

4. Place of Birth, (Street and Number)

811 Washington Ave

5. Full Name of Mother,

Juliet Virginia Hassencamp

6. Mother's Maiden Name,

Reinhart

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Alexander Hassencamp

9. Father's Occupation,

Book keeper

Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other person who makes this Return.

Harvey Hillard

Address,

817 Washington Ave

Remarks,

18930004585

RETURN OF A BIRTH. 52341

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

18930004586

and to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall fail to comply with the provisions of this section shall be subject to a fine of not more than ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52342

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *Dec 6, 1893*

4. Place of Birth, (Street and Number) *224 Canton St*

5. Full Name of Mother, *Mary D. C. Edmunds*

6. Mother's Maiden Name, *Mary Harris*

7. Mother's Birthplace, *Calif.*

8. Full Name of Father, *William D. C. Edmunds*

9. Father's Occupation, *laborer*

10. Father's Birthplace, *New York*

Name of Medical Attendant, or other person who makes this Return, *Mary L. Swaine*

Address, *824 Canton St.*

Remarks, _____

18930004587

any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52343

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 6th 1893

4. Place of Birth, (Street and Number) 2235 Eastern av

5. Full Name of Mother, Mari Geonds

6. Mother's Maiden Name, Mari Gebint

7. Mother's Birthplace, Baltimore M.D.

8. Full Name of Father, Frank Geonds

9. Father's Occupation, Kanmacher

10. Father's Birthplace, Baltimore M.D.

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 504 1st Washington St

Remarks,

8 9 3 0 0 0 4 5 8 8

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

any such person or persons who shall hereafter fail to comply with the provisions of the Act, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52344

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Dec 6, 1893

4. Place of Birth, (Street and Number) 2733 Wilkes St.

5. Full Name of Mother, Mrs. Mitchell

6. Mother's Maiden Name, Mrs. Green

7. Mother's Birthplace, Wash.

8. Full Name of Father, Thomas Mitchell

9. Father's Occupation, Engineer

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Wm. J. Brown

Address, 824 of London St.

Remarks, _____

1 8 9 3 0 0 0 4 5 8 9

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 52345
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
Sex, (state whether male or female) Male
Race or Color, (if not of the white race) White
Date of Birth, Dec 6th 1893
Place of Birth, (Street and Number) 1219 Dursel
Full Name of Mother, Lily Miller
Mother's Maiden Name, Buchanan
Mother's Birthplace, Balto.
Full Name of Father, Chas. H. Miller
Father's Occupation, Mechanical Laborer
Father's Birthplace, Balto.
Name of Medical Attendant, or other person who makes this Return, R. C. Lee
Address, Harrow St
in Balto.
Remarks, 1 8 9 3 0 0 0 4 5 9 0

RETURN OF A BIRTH. 52346

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 6 Dec 1893

4. Place of Birth, (Street and Number) 118 Central Maryland

5. Full Name of Mother, Minnie A. Gault

6. Mother's Maiden Name, Beck

7. Mother's Birthplace, Germany

8. Full Name of Father, Peter J. Miller

9. Father's Occupation, Saloon Keeper

10. Father's Birthplace, Holland

Name of Medical Attendant, or other person who makes this Return, C. H. H. H.

Address, 118 Central Maryland

Remarks,

8930004591

RETURN OF A BIRTH. 52347

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 1893

4. Place of Birth, (Street and Number) 236 Allen Ave St

5. Full Name of Mother, Leticia Buchanan

6. Mother's Maiden Name, Leticia Brown

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James Buchanan

9. Father's Occupation, Box maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, E

Address, 42 Allen Ave St

Remarks,

6930004592

Report as Birth to the Committee of Health, in the manner and within the period above required, and any such person or persons who fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52348

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 6th Dec

4. Place of Birth, (Street and Number) 1722 E. Chase St

5. Full Name of Mother, Annie Holston

6. Mother's Maiden Name, Annie McKim

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Thomas W. Holston

9. Father's Occupation, Merchant

Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs. G. Smith, midwife

Address, 1722 E. Chase St.

Remarks,

8 9 3 0 0 0 4 5 9 3

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

GIVEN NAME ADDED, 2-1-62

62349

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Catherine Augusta Biles

No of Child of Mother, (state whether 1st, 2d, 3d, &c) 10 Child

1. Sex, (state whether male or female) girl

2. Race or Color, (if not of the white race) white

3. Date of Birth,

Barnd Oct Dec

4. Place of Birth, (Street and Number)

No 1512 Montrose St

5. Full Name of Mother,

Augusta Biles

6. Mother's Maiden Name,

Overland

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

Joseph Biles

9. Father's Occupation,

fireman

10. Father's Birthplace,

Toronto Canada

Name of Medical Attendant, or other person who makes this Return,

M J Lerman midwife

Address,

No 1313 West Baltimore St

Remarks,

fine child

8930004594

male normal

jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52350

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*
1. *Male*, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Dec 7th*
4. Place of Birth, (Street and Number) *Collington Ave 1414*
5. Full Name of Mother, *Mary Ritter*
6. Mother's Maiden Name, *Mary Knoda*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Frank Ritter*
9. Father's Occupation, *Brewer*
10. Father's Birthplace, *Germany*
- Mrs. Brown* of Medical Attendant, or other person who makes this Return.
- Address, *1600 N. Chester st. Belair Ave*
- Remarks,

8930004595

RETURN OF A BIRTH. 52357

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female)

boy girl

2. Race or Color, (if not of the white race)

3. Date of Birth,

7 Dec.

4. Place of Birth, (Street and Number)

1602 Spring St.

5. Full Name of Mother,

Lena Walker

6. Mother's Maiden Name,

Thirby

7. Mother's Birthplace,

Germ.

8. Full Name of Father,

Leo Walker

9. Father's Occupation,

Saplor

10. Father's Birthplace,

Germ.

Name of Medical Attendant,

or other person who makes this Return,

Anna Wall

Address,

928 N. Center St.

Remarks,

1 8 9 3 0 0 0 4 5 9 6

RETURN OF A BIRTH.

55352

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. 3rd Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) December 7th

3. Date of Birth, 1505 N. Regester St.

4. Place of Birth, (Street and Number) Annie Chada

5. Full Name of Mother, Annie Troula

6. Mother's Maiden Name, Bohemia

7. Mother's Birthplace, Frank D. Chada

8. Full Name of Father, Minister of the Gospel

9. Father's Occupation, Bohemia

10. Father's Birthplace, Moise Schwatara

Name of Medical Attendant, or other person who makes this Return, 1010 N. Duham St.

Address, Remarks,

8 9 3 0 0 0 4 5 9 7

RETURN OF A BIRTH. 52353

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: Ethel Witkin

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
- Sex, (state whether male or female) Female
- Race or Color, (if not of the white race) White
- Date of Birth, Dec 1893
- Place of Birth, (Street and Number) 44 Egleman Ave 88
- Full Name of Mother, Esther Witkin
- Mother's Maiden Name, Egleman
- Mother's Birthplace, Russia
- Full Name of Father, David Witkin
- Father's Occupation, Engineer
- Father's Birthplace, Russia
- Name of Medical Attendant, or other person who makes this Return, Dr. Egleman
- Address, 44 Egleman Ave 88
- Remarks,

RETURN OF A BIRTH.

52354

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Fannie Cohn

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 1893

4. Place of Birth, (Street and Number) 24 E. Lexington St

5. Full Name of Mother, Rachel (Cohn) Cohn

6. Mother's Maiden Name, Offman

7. Mother's Birthplace, Prussia

8. Full Name of Father, Isaac (Cohn) Cohn

9. Father's Occupation, Teacher

10. Father's Birthplace, Prussia

Name of Medical Attendant, or other person who makes this Return, E. Scheraga

Address, 1211 Atlantic St

Remarks,

8930004599

RETURN OF A BIRTH. 52355

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) II
1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 7/93
4. Place of Birth, (Street and Number) 2006 Pleasant Alley
5. Full Name of Mother, Amie Everett
6. Mother's Maiden Name, Hasley
7. Mother's Birthplace, Richmond, Va.
8. Full Name of Father, John Everett
9. Father's Occupation, Driver
10. ☒ Father's Birthplace, Balto.
- Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer
- Address, 2235 Gough Str
- Remarks, 8930004600

RETURN OF A BIRTH.

52356

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female).

Male

2. Race or Color, (if not of the white race).

W.

3. Date of Birth.

Dec 7-93

4. Place of Birth, (Street and Number).

627 W. Lombard Street

5. Full Name of Mother.

Gene McRae

6. Mother's Maiden Name.

—

7. Mother's Birthplace.

—

8. Full Name of Father.

—

9. Father's Occupation.

—

10. ☒ Other's Birthplace.

Name of Medical Attendant, or other person who makes this Return.

OTB Llorie MD

Address.

627 W. Lombard Street.

Remarks.

8930004601

RETURN OF A BIRTH.

52357

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First Female

1. Sex, (state whether male or female)

White

2. Race or Color, (if not of the white race)

Dec 7 / 93

3. Date of Birth,

4. Place of Birth, (Street and Number)

206 N. Stricker St.

5. Full Name of Mother,

Lizzie Gorsuch

6. Mother's Maiden Name,

Garrett

7. Mother's Birthplace,

Delaware

8. Full Name of Father,

Jas. T. Gorsuch

9. Father's Occupation

Express Agent

10. Father's Birthplace,

Oxford. Md.

Name of Medical Attendant, or other person who makes this Return.

Address,

C. L. Norwood M.D.

Remarks,

939 3000 502 Fayette St

RETURN OF A BIRTH. 52358

of Registrar of Vital Statistics, Board of Health, Baltimore City.

er, (whether 1st, 2d, 3d, &c.)

2d

er male or female)

female

not of the white race)

Black

Street and Number)

Thursday Dec 7 1893.

ther,

527 N. Eden St

Name,

M. Laura Lucretia Jenkins

ace,

Laura Lucretia Howell

ther,

Baltimore City

ion,

Augustus Charles Henry Jenkins

ace,

laborer

Baltimore County

Attendant, or other person who makes this Return,

Ms H annie Myers

remarks at all

18930004603

ationers.

RETURN OF A BIRTH 52359

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (State whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1st

Male

White

Nov 7th 1893

1222 E. Lombard St.

Lizzie Surrency

Lizzie Meyers

Balti. Md.

Sam'l Surrency

Shoulder

Balti. Md.

Harry Boyd.

677 Columbia Ave.

18930004604

RETURN OF A BIRTH. 52360

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White Race

3. Date of Birth, Sunday Evening Dec 8 1893 4:57 PM

4. Place of Birth, (Street and Number) 1111 Canton St Canton

5. Full Name of Mother, Kate Smith

6. Mother's Maiden Name, Kate Hatterick

7. Mother's Birthplace, Balto City

8. Full Name of Father, Harry Englebert Smith

9. Father's Occupation, Engineer

Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, Dr. P. Lieberman

Address, 1225 Hare St.

Remarks,

8 9 3 0 0 0 4 6 0 5

ected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

· RETURN OF A BIRTH. 52361

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Eva G Pool

1. ☒ of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) 7

2. Race or Color, (if not of the white race) W

3. Date of Birth, Dec 8-93

4. Place of Birth, (Street and Number) 720 Greenmount Ave

5. Full Name of Mother, Lizzie Pool

6. Mother's Maiden Name, Henry

7. Mother's Birthplace, BC

8. Full Name of Father, Chas Pool

9. Father's Occupation, Machinist

10. Father's Birthplace, BC

Name of Medical Attendant, or other person who makes this Return, Wm J Miller

Address, 1207 E. Enoch

Remarks, 1 6 9 3 0 0 0 4 6 0 6

RETURN OF A BIRTH.

53362

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, December 8th 1893

4. Place of Birth, (Street and Number) No 2 Stinson St

5. Full Name of Mother, Annie Hafa

6. Mother's Maiden Name, Annie Lohm

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Henry Hafa

9. Father's Occupation, Lagoon keeper

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8 9 3 0 0 0 4 6 0 7

GIVEN NAME ADDED 11-14-56
RETURN OF A BIRTH. 523 63

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Anna Merrill Little
 A Child of Mother, (state whether 1st, 2d, 3d, &c.)
 1. Sex, (state whether male or female). *female*
 2. Race or Color, (if not of the white race). *white*
 3. Date of Birth, *8 Dec. 1896*
 4. Place of Birth, (Street and Number). *1824 E. Pratt St*
 5. Full Name of Mother, *Annett Little*
 6. Mother's Maiden Name, *Annett Vickers*
 7. Mother's Birthplace, *Baltimore Md.*
 8. Full Name of Father, *Edward C. Little*
 9. Father's Occupation, *shoulder*
 10. Father's Birthplace, *Baltimore Md.*
 Name of Medical Attendant, or other person who makes this Return, *Mrs. D. J. Smith midwife*
 Address, *1635 S. High St*
 Remarks, _____

6 9 3 0 0 0 4 6 0 8

RETURN OF A BIRTH. 52364

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female).

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth.

Dec 8th 1893

4. Place of Birth, (Street and Number)

338 Bartlett st

5. Full Name of Mother,

Eda May Reisinger

6. Mother's Maiden Name,

" " Harrison

7. Mother's Birthplace,

Balto

8. Full Name of Father,

Louis Reisinger

9. Father's Occupation

manor

10. Father's Birthplace,

Balto

Name of Medical Attendant, or other person who makes this Return.

H. W. Gault

Address,

711 corner st

Remarks,

18930004609

RETURN OF A BIRTH

52365

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (State whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1 8 9 3 0 0 0 4 6 1 0

See to the / ne of ten (to) / officers for each office, to e recover ne other / nes ad / / ne others are recoverable.

GIVEN NAME ADDED - 1/6/67

RETURN OF A BIRTH. 52366

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: ROBERT NICHOLAS LINK

Age of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec. 11/93

4. Place of Birth, (Street and Number) 3003 E. Lombard str.

5. Full Name of Mother, Annelie Link

6. Mother's Maiden Name, Balzer

7. Mother's Birthplace, Balto.

8. Full Name of Father, Bernhardt Link

9. Father's Occupation, Riggarmanuf.

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return.

Address, Mrs. Reichenhofer

Remarks, 2225 E. Lombard str

8930004811

RETURN OF A BIRTH.

52367

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Printed to the line of origin (try dollar) - Please - Office, to be recovered as other lines and for figures are recoverable.

of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, 8 of December 1893
 4. Place of Birth, (Street and Number) 1103 Low St Baltimore MD
 5. Full Name of Mother, Sara Hoffberger
 6. Mother's Maiden Name, Hallander
 7. Mother's Birthplace, Austria
 8. Full Name of Father, Charles Hoffberger
 9. Father's Occupation, Business
 10. Father's Birthplace, Austria
 Name of Medical Attendant, Maria Elias or other person who makes this Return.
 Address, 1242 W. Elderly St
 Remarks, 1487 1 8 9 3 0 0 0 4 6 1 2

RETURN OF A BIRTH.

52368

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Dec. 8

4. Place of Birth, (Street and Number)

113 W. Lombard St

5. Full Name of Mother,

Flourice Neale

6. Mother's Maiden Name,

no

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

C. S. Neer

Address,

113 W. Lombard St

Remarks,

8930004613

Penalty for failure to file: To the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52369

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name Rowland Edward Collison
 of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 8th Dec 1893

4. Place of Birth, (Street and Number) 836 William St

5. Full Name of Mother, Della Collison

6. Mother's Maiden Name, Della Rowland

7. Mother's Birthplace, Richmond Virginia

8. Full Name of Father, Thomas Collison

9. Father's Occupation, carriage

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Geo. J. Quirk M.D.

Address, 10546 N. High St.

Remarks, _____

8930004614

RETURN OF A BIRTH. 52370

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return

Address,

Remarks,

8930004615

ected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52371

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec 8th 1893

4. Place of Birth, (Street and Number)

138 Windemere Ave

5. Full Name of Mother,

Carrie Tinker

6. Mother's Maiden Name,

Leechfield

7. Mother's Birthplace,

Pa

8. Full Name of Father,

Philip J. Tinker

9. Father's Occupation,

Foreman in Sash Factory

10. Father's Birthplace,

England

Name of Medical Attendant,

or other person who makes this Return

D. B. Hart M.D.

Address,

815 Jefferson Ave

Remarks,

Normal

1893000461

RETURN OF A BIRTH. 52872

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 8 Dec. 1893

4. Place of Birth, (Street and Number) Baltimore 1532 Bruce St

5. Full Name of Mother, Josephine Curtis

6. Mother's Maiden Name, Josephine Watkins

7. Mother's Birthplace, Calvert County

8. Full Name of Father, Aspin Curtis

9. Father's Occupation, Laboring work

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Sarah Rawling

Address, 1610 Vincent

Remarks, Good Attention

8930004617

Child to report its birth to the Commissioner of Health, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 11-7-58
RETURN OF A BIRTH. 52373

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Robert Swift Fifer

No. of Child of Mother, (State whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, Dec 8-1893

4. Place of Birth, (Street and Number) 1628 N. Bond St

5. Full Name of Mother, Mrs Fifer

6. Mother's Maiden Name, Miss Acsh

7. Mother's Birthplace, Paoli Co Ind

8. Full Name of Father, Robert Fifer

9. Father's Occupation, Druggist

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Geo L Taylor M.D.

Address, 1254 N. Broadway

Remarks,

18930004618

child to report the birth to the Commissioner of Health, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52374

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) _____

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) _____

3. Date of Birth, Dec 8 - 1898

4. Place of Birth, (Street and Number) 1353 Oakland Br

5. Full Name of Mother, ~~John~~ Mrs Tucker

6. Mother's Maiden Name, Miss Chape

7. Mother's Birthplace, Hampton Co Va

8. Full Name of Father, Charles Tucker

9. Father's Occupation, Carpenter

10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return, Geo L Taylor M.D

Address, 1254 N. Broadway

Remarks, _____

18930004619

RETURN OF A BIRTH. 52375-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, Dec. 8th. 1893
 4. Place of Birth, (Street and Number) Balt. Wm. St. No. 2211
 5. Full Name of Mother, Mary Free.
 6. Mother's Maiden Name, Mrs. Mary Cain
 7. Mother's Birthplace, Moore County N. C.
 8. Full Name of Father, R. M. Free
 9. Father's Occupation, Carpenter
 10. Father's Birthplace, Caswell County N. C.
 Name of Medical Attendant, or other person who made this Return, Mrs. Rosa Feneget.
 Address, No. 2026 East Fayette St.
 Remarks, 18930004620

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2nd, 3rd, &c.)

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 9th of December

4. Place of Birth, (Street and Number) 834 Manover St

5. Full Name of Mother, Minnie Albert

6. Mother's Maiden Name, Minnie Schwemmer

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Charles Albert

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Katie Murch

Address, 500 E. Adams Hall Street

Remarks, 8930004621

RETURN OF A BIRTH 52377

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 8 December 9th

4. Place of Birth, (Street and Number) 629 W. Biddle St

5. Full Name of Mother, Hannah D. Simons

6. Mother's Maiden Name, Hannah Fenwick

7. Mother's Birthplace, Baltimore, Md

8. Full Name of Father, Joshua B. Simons

9. Father's Occupation, Wood Coal Dealer

10. Father's Birthplace, Baltimore, Md

Name of Medical Attendant, or other Person who makes this Return, Charlotte Calhoun

Address, 1412 Division St

Remarks,

8930004622

Persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52378

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether 1st, 2d, 3d, &c.) *3th*
 1. Sex, (state whether male or female) *male*
 2. Race or Color, (if not of the white race) *white*
 3. Date of Birth, *Dec. 9. 1890*
 4. Place of Birth, (Street and Number) *402 Colvert St*
 5. Full Name of Mother, *Marion Shempria*
 6. Mother's Maiden Name, *Skurta*
 7. Mother's Birthplace, *Italy*
 8. Full Name of Father, *John Shempria*
 9. Father's Occupation, *fruit dealer*
 10. Father's Birthplace, *Italy*
 Name of Medical Attendant, or other person who makes this Return, *Mrs C. Striner*
 Address, *122 S. Exeter*
 Remarks, *18930004623*

RETURN OF A BIRTH. 52379

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d
 1. Sex, (state whether male or female) male
 2. Race or Color, (if not of the white race) white
 3. Date of Birth, December 9. 1893
 4. Place of Birth, (Street and Number) 1609 E. Baltimore Str
 5. Full Name of Mother, Annie Silverman
 6. Mother's Maiden Name, Bramson
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, Jacob Silverman
 9. Father's Occupation, merchant
 10. Father's Birthplace, Eunape
 Name of Medical Attendant, or other person who makes this Return, Mr. C. Stinner
 Address, 122 S. Exeter str
 Remarks, 6930004624

any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52380

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

Sex, (state whether male or female)

Male

Race or Color, (if not of the white race)

White

Date of Birth,

December 9, 1893

Place of Birth, (Street and Number)

310 E. Randall

Full Name of Mother,

Nettie B. Jones

Mother's Maiden Name,

" " Rippon

Mother's Birthplace,

Frederick Co. Md

Full Name of Father,

Albert M. Jones

Father's Occupation

Fireman

Father's Birthplace,

Hagerstown Md

Name of Medical Attendant, or other person who makes this Return,

Dr. B. F. Phillips

Address,

753 N. Lexington St

Remarks,

18930004625

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52381

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 child
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 9th
4. Place of Birth, (Street and Number) 224 E. Calver St
5. Full Name of Mother, Lenna Boonmarase
6. Mother's Maiden Name, " " Lehmann
7. Mother's Birthplace, Germany
8. Full Name of Father, Albert Brummert
9. Father's Occupation, Dyer
10. Father's Birthplace, Germany
Name of Medical Attendant, or other person who makes this Return, Mrs. Gange
Address, 711 E. Calver St
Remarks, _____

1 8 9 3 0 0 0 4 6 2 6

RETURN OF A BIRTH. 52382

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec 9 1933

4. Place of Birth, (Street and Number)

503 Mulberry St.

5. Full Name of Mother,

Agnes Jacobs

6. Mother's Maiden Name,

Schmidt

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Geo Jacobs

9. Father's Occupation,

Wheelwright

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return,

W. L. Newwood

Address,

Remarks,

939 W Fayette St.
0930004627

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who fails to do so shall be liable to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52383

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec 9

4. Place of Birth, (Street and Number)

Cross Place Park gate

5. Full Name of Mother,

Mary Volk

6. Mother's Maiden Name,

Agnes Meisel

7. Mother's Birthplace,

Coblenz Germany

8. Full Name of Father,

John Volk

9. Father's Occupation,

Gardner

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return,

Mrs. C. Pauls tick

Address,

2859 Fulton Ave

Remarks,

18930004628

any such person or persons who shall hereafter fail to comply with the provisions of this section of the law, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52384

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Married Second*
Sex, (state whether male or female) *Female*
Race or Color, (if not of the white race) *White*
Date of Birth, *Dec. 9/93*
Place of Birth, (Street and Number) *929 W Gay ette St*
Full Name of Mother, *Mary Steil*
Mother's Maiden Name, *Multies*
Mother's Birthplace, *Balto.*
Full Name of Father, *Frank Steil*
Father's Occupation, *Saloon Keeper*
Father's Birthplace, *Germany*
Name of Medical Attendant, or other person who makes this return, *E. L. Norwood M.D.*
Address, *939 W Gay ette St.*
Remarks, *939 W Gay ette St.*
18930004629

RETURN OF A BIRTH. 52385

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, Dec 17 1893

4. Place of Birth, (Street and Number) 3515 Lancaster St.

5. Full Name of Mother, Elizabeth Adenning

6. Mother's Maiden Name, Elizabeth Adenning

7. Mother's Birthplace, Balto.

8. Full Name of Father, Fredrick Adenning

9. Father's Occupation, Tailor

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Wm. J. Lawrence

Address, 3515 Lancaster St.

Remarks, _____

1 8 9 3 0 0 0 4 6 3 0

any person who neglects to report the birth of a child to the Registrar of Vital Statistics, or who neglects to report the death of a person, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 52386

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 84

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, December 10th 1893

4. Place of Birth, (Street and Number) 1000 N. York St.

5. Full Name of Mother, Margaret A. Groh

6. Mother's Maiden Name, " Vinckler

7. Mother's Birthplace, Balto

8. Full Name of Father, Henry Groh

9. Father's Occupation, Butcher

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Geo. E. Russell

Address, 800 N. Broadway

Remarks,

1 8 9 3 0 0 0 4 6 3 1

GIVEN NAME ADDED 3-4-59-
52387

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. ● Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
 1. Sex, (state whether male or female) female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, December 10-18-93
 4. Place of Birth, (Street and Number) 14 Vincent Place 2-2-8
 5. Full Name of Mother, Magie Lingen
 6. Mother's Maiden Name, Magie Lingen
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, James Henry Lingen
 9. Father's Occupation, Labrer
 10. ● Father's Birthplace, Baltimore
 Name of Medical Attendant, or other person who makes this Return, Mrs. S. J. Lingen
 Address, 19-27 Baltimore Ave.
 Remarks, 1 8 9 3 0 0 0 4 6 3 2

RETURN OF A BIRTH. 52388

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) 3-4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 10 - 1893

4. Place of Birth, (Street and Number) 605 Pattersons Park av

5. Full Name of Mother, Anni Harr

6. Mother's Maiden Name, Anni McNeil

7. Mother's Birthplace, Baltimore M.D.

8. Full Name of Father, Max Harr

9. Father's Occupation, Lauben

10. ☒ Father's Birthplace, Baltimore M.D.

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 504 Lat Washington St

Remarks, Twins

1 8 9 3 0 0 0 4 6 3 3

RETURN OF A BIRTH. 52389

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 10th 1893

4. Place of Birth, (Street and Number) Taunton St 238

5. Full Name of Mother, Lona Kaiensen

6. Mother's Maiden Name, Lona Hopfen

7. Mother's Birthplace, Baltimore M. D.

8. Full Name of Father, Nels Kaiensen

9. Father's Occupation, Kanmacher

10. ☒ Father's Birthplace, Baltimore M. D.

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 504 2d Washington St

Remarks,

1 8 9 3 0 0 0 4 6 3 4

RETURN OF A BIRTH. 52390

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) Eleventh
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, Dec 10th 1893
 4. Place of Birth, (Street and Number) 1344 Washington st
 5. Full Name of Mother, Emmeline Gode
 6. Mother's Maiden Name, Gunt -- Pillar
 7. Mother's Birthplace, Germany
 8. Full Name of Father, Frank Gode
 9. Father's Occupation, Carpenter
 10. Father's Birthplace, Germany
 Name of Medical Attendant, or other person who makes this Return, Mrs. Cunn
 Address, 1600 N. Chester st Belair Ave
 Remarks, _____

1 8 9 3 0 0 0 4 6 3 5

RETURN OF A BIRTH. 52391

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth. December 10, 1893

4. Place of Birth, (Street and Number) 105 High Str

5. Full Name of Mother, Augusta Braje

6. Mother's Maiden Name, Hekshen

7. Mother's Birthplace, Europe

8. Full Name of Father, John Braje

9. Father's Occupation, Baker

10. Father's Birthplace, Europe

Name of Medical Attendant, Mrs C Bernstein
or other person who makes this Return.

Address, 122 S. Exeter str

Remarks, 1 8 9 3 0 0 0 4 6 3 6

RETURN OF A BIRTH. 52392

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Dec. 10 '93

4. Place of Birth, (Street and Number) 437 Highland St

5. Full Name of Mother, Mary Stachurskis

6. Mother's Maiden Name, Stachurskis

7. Mother's Birthplace, Poland

8. Full Name of Father, Peter Stachurskis

9. Father's Occupation, Engineer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Carolyn M. Miller

Address, 1205 North Street

Remarks,

1 8 9 3 0 0 0 4 6 3 7

RETURN OF A BIRTH. 52393

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. ☒ Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 child
 1. Sex, (state whether male or female) girl
 2. Race or Color, (if not of the white race) white
 3. Date of Birth, 1893 Born on the 10 Dec.
 4. Place of Birth, (Street and Number) No 124 South Carey St
 5. Full Name of Mother, Sarah R. Saunders
 6. Mother's Maiden Name, Hindricks
 7. Mother's Birthplace, Queen Anne County MD
 8. Full Name of Father, Joseph T. Saunders
 9. Father's Occupation, Drive ice waggons
 10. ☒ Other's Birthplace, Baltimore City
 Name of Medical Attendant, Mr. P. Lemon or other person who makes this Return. Midwife
 Address, No 1313 West Baltimore St
 Remarks, born child
1 6 9 3 10 10 11 12 13

RETURN OF A BIRTH. 52344

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

RETURN OF A BIRTH.

52395

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3

1. Sex, (state whether male or female).

Female

2. Race or Color, (if not of the white race).

White

3. Date of Birth,

11th December 1893

4. Place of Birth, (Street and Number).

4143, E. Lombard St. Baltimore

5. Full Name of Mother,

Elizabeth Jane Clark

6. Mother's Maiden Name,

Elizabeth Jane Clark

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charles F. Clark

9. Father's Occupation,

Police Officer

Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Dr. J. M. Clark

Address,

102 E. Hamburg St

Remarks,

1 8 9 3 0 0 0 4 6 4 0

RETURN OF A BIRTH. 52396

GIVEN NAME ADDED, 7/4/04

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City,

NAME: MARTIN FRANCIS KRAUS

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The first child.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 11 of December 1893

4. Place of Birth, (Street and Number) 1106 E. 1st St

5. Full Name of Mother, Anna E. Kraus

6. Mother's Maiden Name, Anna E. Kavan

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, John Kraus

9. Father's Occupation, Laboring

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, J. B. Jones

Address, 1225 N. 1st St

Remarks,

18930004641

RETURN OF A BIRTH.

over 52397

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Hilda Kina Roester 2d

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 11th 93

4. Place of Birth, (Street and Number) 646 W. Lexington St

5. Full Name of Mother, Licette Roester

6. Mother's Maiden Name, Brand

7. Mother's Birthplace, Germany

8. Full Name of Father, C. Art Roester

9. Father's Occupation, Baker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return.

Mr. Gumbel M.D.

Address,

837 W. Fayette St.

Remarks,

8 9 3 0 0 0 4 6 4 2

Penalty for the failure to file a return for each offense, to be recovered as other fines and forfeitures are recoverable.

Return of a Birth. 523 98

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name Hilda
 of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, December 11, 1893
 4. Place of Birth, (Street and Number) No. 1828 Hope Street
 5. Full Name of Mother, Rosa Maria Winder
 6. Mother's Maiden Name, Rosa Maria Winder
 7. Mother's Birthplace, Germany
 8. Full Name of Father, John Winder
 9. Father's Occupation, Laborer
 10. Father's Birthplace, Germany
 Name of Medical Attendant, or other person who makes this Return, Aug. R. O'Connell M.D.
 Address, 1841 Hanford Ave.
 Remarks,

1 8 9 3 0 0 0 4 6 4 3

RETURN OF A BIRTH.

52399

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Colored

3. Date of Birth.

Dec 11 1893

4. Place of Birth, (Street and Number)

111 Arch St

5. Full Name of Mother,

Minnie Benson

6. Mother's Maiden Name,

Minnie Campor

7. Mother's Birthplace,

Danbridge Maryland

8. Full Name of Father,

Alfred Benson

9. Father's Occupation,

Undertaker

10. Father's Birthplace,

New Alexandria Va

Name of Medical Attendant,

or other person who makes this Return.

W.B. Hawkins

M.D.

Address,

Green & Mulberry St

Remarks,

18930004644

RETURN OF A BIRTH. 52400

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec. 11/03

4. Place of Birth, (Street and Number) 217 N. Wolf str.

5. Full Name of Mother, Christina Ther. Ennis

6. Mother's Maiden Name, Stratton

7. Mother's Birthplace, Balto.

8. Full Name of Father, Silas W. Ennis

9. Father's Occupation, Box Maker

10. Father's Birthplace, Bryer Man Co. Virginia

Name of Medical Attendant, or other person who makes this Return, Mrs. Disenbaker

Address, 8.9 3325 Gough str.

Remarks, 5

RETURN OF A BIRTH. 52401 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth.

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1 0 9 3 0 0 0 4 6 4 6

Film 4514 12/30/77 LW

CERTIFICATE AMENDED

RETURN OF A BIRTH. 52402

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Mary S. Childs

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec 11th 1893

4. Place of Birth, (Street and Number)

#1037 Guilford Ave

5. Full Name of Mother,

Sallie C. Childs

6. Mother's Maiden Name,

Sallie C. Hoden

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Charles T. Childs

9. Father's Occupation,

Clack

10. Father's Birthplace,

Baltimore County

Name of Medical Attendant, or other person who makes this Return,

Sallie Hoden

Address,

883 Greenmount Ave

Remarks,

1 8 9 3 0 0 0 4 6 4 7

RETURN OF A BIRTH. 524 03

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

☒ of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
 1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, December 14, 1893
 4. Place of Birth, (Street and Number) No. 1428 Belvidere St.
 5. Full Name of Mother, Maggie Benson
 6. Mother's Maiden Name, Maggie Rodgers
 7. Mother's Birthplace, Maryland
 8. Full Name of Father, James Benson
 9. Father's Occupation, Plumber
 10. Father's Birthplace, Maryland
 Name of Medical Attendant, Dr. H. Blewett or other person who makes this Return. 1241 Harford ave.
 Address, 1241 Harford ave.
 Remarks,

1 8 9 3 0 0 0 4 6 4 8

Exact to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52404

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)...

3d

Sex, (state whether male or female)...

Male

2. Race or Color, (if not of the white race)...

White

3. Date of Birth,

Dec. 1, 93

4. Place of Birth, (Street and Number).....

3d 9 No. Calvert St

5. Full Name of Mother,

Ballantyne

6. Mother's Maiden Name,

J. Mrs. Gifford

7. Mother's Birthplace,

N. Ballantyne

8. Full Name of Father,

Saloon Restaurant

9. Father's Occupation,

His

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

J. H. Robinson M.D.

Address,

736 E. Pringle St

Remarks,

0930004649

Persons presenting persons to a public registrar shall comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52405

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Dec. 12, 1893

4. Place of Birth, (Street and Number) 612 Rose St.

5. Full Name of Mother, Nettie Wittstadt

6. Mother's Maiden Name, Nettie Bear

7. Mother's Birthplace, Balto.

8. Full Name of Father, John Wittstadt

9. Father's Occupation, Cabman

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mary L. Swanne

Address, 1824 Canton St.

Remarks, _____

18930004650

RETURN OF A BIRTH.

52406

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Eleventh
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec 12 - 93

4. Place of Birth, (Street and Number)

1758 E. Preston

5. Full Name of Mother,

Johnson Ripple

6. Mother's Maiden Name,

" Miller

7. Mother's Birthplace,

Balt

8. Full Name of Father,

John W. Ripple

9. Father's Occupation

Saloon Keeper

10. Father's Birthplace,

B. Md

Name of Medical Attendant, or other person who makes this Return.

Mrs Mary A. Allwell

Address,

1438 N. Border Bond - N.

Remarks,

8930004651

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

any such person or persons who shall hereafter fail to comply with the provisions of this act shall be sub-
jected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52407

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 13 - 92

4. Place of Birth, (Street and Number) 149 St. Peter St

5. Full Name of Mother, Mrs Maggie Platt Hummel

6. Mother's Maiden Name, " "

7. Mother's Birthplace, Balto

8. Full Name of Father, Geo. T. Hummel

9. Father's Occupation, Business from Father

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, D. B. Ullrich

Address, Union Square

Remarks, 1 8 9 3 0 0 4 6 5 2

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

over
RETURN OF A BIRTH. 52408

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Dec 12, 1893
4. Place of Birth, (Street and Number) 1101 Streppner St.
5. Full Name of Mother, Amelia Holt
6. Mother's Maiden Name, Amelia (Edler)
7. Mother's Birthplace, Balto
8. Full Name of Father, James Holt
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto
Name of Medical Attendant, or other person who makes this Return, Charles L. Burdette
Address, 824 Canton St. C
Remarks, Name of child: Gertrude Holt
18930004653

RETURN OF A BIRTH. 524
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.
Child of Mother. (State and County)

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. 524

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2^d and 3^d
 1. Sex, (state whether male or female) Male and Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, 12th of December 1892
 4. Place of Birth, (Street and Number) 2014 Fayette St
 5. Full Name of Mother, Laura Coburn
 6. Mother's Maiden Name, Laura Burns
 7. Mother's Birthplace, Baltimore M. D.
 8. Full Name of Father, Georg Coburn
 9. Father's Occupation, Stenographer
 10. Father's Birthplace, Baltimore M. D.
 Name of Medical Attendant, or other person who makes this Return, Mrs. Ida Hille M. D.
 Address, 201 N. Castle St.
 Remarks,

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother, _____

6. *Mother's Maiden Name,* _____

7. *Mother's Birthplace.* _____

8. Full Name of Father,

9. *Father's Occupation,*

10. *Father's Birthplace,* _____
 Name _____

Name of Medical Attendant, or other person who makes this Return.
Address.

Address, _____, of other person who makes this Return, *Ray*

Remarks, *327.72*

[illegible]

RETURN OF A BIRTH. 53409

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth* (5)
 Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *12th December 1893*
 4. Place of Birth, (Street and Number) *1024 S. Sharp Street*
 5. Full Name of Mother, *Louisa Menschen*
 6. Mother's Maiden Name, *Louisa Seitel*
 7. Mother's Birthplace, *Baltimore M. D.*
 8. Full Name of Father, *Henry C. Menschen*
 9. Father's Occupation, *Cigar Box Business*
 10. Father's Birthplace, *Baltimore M. D.*
 Name of Medical Attendant, or other person who makes this Return, *Dr. H. M. Munch*
 Address, *800 Leadenhall Street*
 Remarks,
 18930004655

any person or persons
 affected by the
 full hereafter fall to
 be for each office, y

RETURN OF A BIRTH. 52410

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Birth
Female

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec 12 - 93

4. Place of Birth, (Street and Number)

2035 E Biddle

5. Full Name of Mother,

Clara A. Jenkins
.. .. Evans

6. Mother's Maiden Name,

Baths

7. Mother's Birthplace,

John H. Jenkins
Contractor

8. Full Name of Father,

9. Father's Occupation,

Baths

10. Father's Birthplace,

Mrs Mary A. Allwell

Name of Medical Attendant, or other person who makes this Return.

1438 N Bond St

Address,

Remarks,

8930004656

any such person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52411

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second child*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *C. bred race*

3. Date of Birth, *December 12th 1893*

4. Place of Birth, (Street and Number) *Baltimore 2024 Eglar St*

5. Full Name of Mother, *Mary J. Gurtis*

6. Mother's Maiden Name, *Mary J. Lee*

7. Mother's Birthplace, *Baltimore Md*

8. Full Name of Father, *Richard S. Gurtis*

9. Father's Occupation, *Laborer*

10. Father's Birthplace, *Baltimore Md*

Name of Medical Attendant, or other person who makes this Return, *Mrs. Porah E. DeH*

Address, *220 E. Eglar St*

Remarks, *18930004657*

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

52412

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, 12 September 1893.

4. Place of Birth, (Street and Number) 1195

5. Full Name of Mother, Margaret Pearson

6. Mother's Maiden Name, Pearson

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Herbert Pearson

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Katie Misch

Address, 500 Second Street

Remarks, 18930004658

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53413

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and penalties are recoverable.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

2. Sex, (state whether male or female) female

3. Race or Color, (if not of the white race) White

4. Date of Birth, December 12, 1893

5. Place of Birth, (Street and Number) Wilkins Ave No 2000-15

6. Full Name of Mother, Florence Aichele

7. Mother's Maiden Name, Florence Sieck

8. Mother's Birthplace, Baltimore

9. Full Name of Father, Jacob G. Aichele

10. Father's Occupation, Self-employed

11. Father's Birthplace, Baltimore

12. Name of Medical Attendant, or other person who makes this Return, Mrs. S. Salley

13. Address, No 17 22 Wilkins Ave

14. Remarks, _____

1 8 9 3 0 0 0 4 6 5 9

This is to certify that the information furnished in this return is true and correct, and that the person or persons who have furnished the same are subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52414

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5
2. Sex, (state whether male or female) Female.
3. Race or Color, (if not of the white race) White
4. Date of Birth, Dec. 12 1893
5. Place of Birth, (Street and Number) Baltimore Castle St. No. 111
6. Full Name of Mother, Maggie Diering
7. Mother's Maiden Name, Maggie Lenneman
8. Mother's Birthplace, Germany
9. Full Name of Father, Conrad Diering
10. Father's Occupation, Taylor
11. Father's Birthplace, Germany
12. Name of Medical Attendant, or other person who makes this Return, Mrs. Hanger
13. Address, N. 2026 East Fayette St.
14. Remarks,

1 8 9 3 0 0 0 4 6 6 0

GIVEN NAME ADDED 2-25-59

RETURN OF A BIRTH. 52415

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Frederick Emil Pollhammer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1 Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec 12 1893

4. Place of Birth, (Street and Number)

620 Hanover st

5. Full Name of Mother,

Bertha Pollhammer

6. Mother's Maiden Name,

Strobach

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Anton Pollhammer

9. Father's Occupation

Painter

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return.

J. L. Wasser Midwife

Address,

11032 Hanover st

Remarks,

8 4 3 0 0 0 4 6 6 1

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and penalties are recoverable.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

52416

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

Boy

2. Race or Color, (if not of the white race)

White

3. Date of Birth

Dec 1st 1893

4. Place of Birth, (Street and Number)

817 Chester St

5. Full Name of Mother

Anna Bada

6. Mother's Maiden Name

Bohemian

7. Mother's Birthplace

8. Full Name of Father

George Bada

9. Father's Occupation

Carpenter

10. Father's Birthplace

Bohemian

Name of Medical Attendant, or other person who makes this Return

Albany Kaptis

Address

205 N Washington St

Remarks

18930004662

RETURN OF A BIRTH. 52417

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 12th 1893.

4. Place of Birth, (Street and Number) 526 Chesapeake St.

5. Full Name of Mother, Mary Jarosek

6. Mother's Maiden Name, Bohemian

7. Mother's Birthplace, Bohemian

8. Full Name of Father, Jozef Jarosek

9. Father's Occupation, Blacksmith

10. Father's Birthplace, Bohemian

Name of Medical Attendant, or other person who makes this Return, Mary Kepstis

Address, 205 4th Washington St.

Remarks, 8930004663

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect to do so, or who shall fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

child to report its birth to the Commissioner of Health, in the manner and within the period as he requires, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52418

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *Tuesday Dec. 12th 1893*

4. Place of Birth, (Street and Number) *Baltimore, 618 Maryland St.*

5. Full Name of Mother, *Rose Washington*

6. Mother's Maiden Name, *Miss Virginia*

7. Mother's Birthplace, *George Harris*

8. Full Name of Father, *Labrier*

9. Father's Occupation, *Jane West*

10. Father's Birthplace, *804 Sterling St.*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1 8 9 3 0 0 0 4 6 6 4

CERTIFICATE CORRECTED 9-16-27
RETURN OF A BIRTH 52419

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Catherine Monaghan 4 3/4

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Irish

3. Date of Birth,

Dec 12. 93 9.35 P.M.

4. Place of Birth, (Street and Number)

1302 Pullin St.

5. Full Name of Mother,

Mr. - Catherine Monaghan

6. Mother's Maiden Name,

Concannon

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Mr. Monaghan William J. Monaghan

9. Father's Occupation,

Labour

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other person who makes this Return,

J. J. Galt

Address,

1214 Indian Ave

Remarks,

18930004665

attendance upon the mother, immediately after the birth, in the manner and within the period above required, shall be subject to a fine of ten dollars for each offense. To be recovered as other fines and forfeitures are recoverable.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF LIVE BIRTH**

Registered No. A-52

1. PLACE OF BIRTH: Baltimore, Maryland (a) Name of hospital or institution; if at home give street number: <u>622 W. Lombard St.</u> (b) Mother's stay before delivery: In hospital or institution _____ In Baltimore _____ (Specify whether months or days)	2. USUAL RESIDENCE OF MOTHER: (a) State _____ (b) County _____ (c) City or town _____ (If outside city or town limits, write RURAL) (d) Street No. _____ (If rural give location)
--	---

3. Full name of child <u>Harry Melman</u>	4. Date of birth <u>December 12, 1893</u> (Month) (Day) (Year)
5. Sex: <u>Male</u>	6. Twin or triplet. _____ If so—born 1st, 2d, or 3rd _____
7. Number weeks of pregnancy _____	8. Hour of birth _____ M. _____

FATHER OF CHILD		MOTHER OF CHILD	
9. Full Name <u>Unknown</u> 10. Color or race _____ 11. Age at time of this birth _____ yrs. 12. Birthplace _____ (City, town, or county) (State or foreign country) 13. Usual occupation _____ 14. Industry or business _____ 21. Other children born to mother (not including present child): (a) How many other children of this mother are now living? <u>5</u> (b) How many other children were born alive but are now dead? _____ (c) How many children were born dead? _____	15. Full Maiden Name <u>Annie Melman</u> 16. Color or race _____ 17. Age at time of this birth _____ yrs. 18. Birthplace _____ (City, town, or county) (State or foreign country) 19. Usual occupation _____ 20. Industry or business _____ 22. Mother's mailing address for registration notice: _____ _____ _____		

23. I hereby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above was furnished by _____, related to this child as _____

24. Date rec'd by local registrar <u>January 9 1894</u>	(Signed) <u>O. B. Stone</u> <u>M. D.</u> Physician (or midwife) who attended this birth (REGISTRAR)
or <u>Dr. James F. Mc Shane</u> Registrar	or <u>SEP 8 1960</u> Commissioner of Health and Registrar
25. Given name added _____ by Registrar per _____	Address _____ Date _____

VS 100 No information appears on the original filing for information not appearing on this certificate.

Register of such births and deaths. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child is attended upon by the mother immediately thereafter, it shall become the duty of the person so attending, or any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1893-94
17

RETURN OF A BIRTH. 52430

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 24320

1. Sex, (state whether male or female) Male & Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 13th Dec.

4. Place of Birth, (Street and Number) 214 Fayette St.

5. Full Name of Mother, Laura Burns

6. Mother's Maiden Name, " Burns

7. Mother's Birthplace, City

8. Full Name of Father, George Coburn

9. Father's Occupation

10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return.

Address, Ida Miller

Remarks,

RETURN OF A BIRTH. 52431

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *one, the first-*
 1. Sex, (state whether male or female) *female*
 2. Race or Color, (if not of the white race) *White*
 3. Date of Birth, *on Wednesday at 12.30 P.M. December 31st 1899*
 4. Place of Birth, (Street and Number) *#1110 W. Baltimore St. Baltimore Md.*
 5. Full Name of Mother, *Grace Gertrude Drager*
 6. Mother's Maiden Name, *Grace Gertrude Hecalf*
 7. Mother's Birthplace, *Baltimore Maryland*
 8. Full Name of Father, *James Francis Drager*
 9. Father's Occupation, *Foreman*
 10. Father's Birthplace, *Baltimore Maryland*
 Name of Medical Attendant, *or other person who makes this Return, Susan H. Hunter*
 Address, *2311 Poppleton St*
 Remarks, _____

[illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name.*

7. *Mother's Birthplace.*

s. *Full Name of Father.*9. *Father's Occupation*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks

8 9 3 0 0 0 4 6 7 0

requirement of this act shall not enter the same on this schedule, to be furnished by the Commissioner of Public Health, and shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the names of the mother and child, the date and place of birth, and the date of death, if any, of the child. The schedule shall be delivered to the practitioner in the form of a certificate between the first and third day of each and every month to the office, or practitioner of midwifery, or should not be in compliance upon the mother, immediately thereafter, it shall become the duty of the person or persons who have charge of the child to report its birth to the Commissioner of Public Health, in conformity with the provisions of this section, shall be subject to the fine of ten dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and all set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred) its sex, the date of its birth, the name of the practitioner in the form of birth: and the date of each and every month to the end of the year without the attendance of a physician or midwife, or should no other person be in attendance on the mother, immediately thereafter it, shall be the duty of the person or persons of the child to report to the Commissioner of Health, in the manner provided in the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52435

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th child
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Black
3. Date of Birth, Dec 13th
4. Place of Birth, (Street and Number) 207. Canal alley
5. Full Name of Mother, Eda Jackson
6. Mother's Maiden Name, _____
7. Mother's Birthplace, Balto
8. Full Name of Father, Thomas Jackson
9. Father's Occupation, Driver
10. Father's Birthplace, Balto
- Name of Medical Attendant, or other person who makes this Return, William Brinton, M.D.
- Address, Mad. Lyng in Hospital
- Remarks, _____

register of such birth, and shall enter the same on blank schedule to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained, the full name of each child, its sex, date of birth, name and occupation of its parents, the date and place of birth, and have said schedule shall be delivered daily, at the office of the Commissioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child occurs without the attendance of a physician or practitioner of midwifery, the mother, immediately thereafter, shall become the duty of the person or other person be in attendance on the mother, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52436

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth. December 19 1893

4. Place of Birth. (Street and Number) 418 W. Camden St

5. Full Name of Mother. Augusta Bismiller

6. Mother's Maiden Name. Maria Augusta Schneider

7. Mother's Birthplace. Balto.

8. Full Name of Father. Charles Theodore Bismiller

9. Father's Occupation. Ice & Coal Dealer

10. Father's Birthplace. Balto

Name of Medical Attendant, or other person who makes this Return. Katie Munnell

Address, 800 Madison Hall Street

Remarks,

8930004673

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race):

3. *Date of Birth,*

4. *Place of Birth, (Street and Number).*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

This schedule shall contain a list of the births which have occurred under his or her care during the preceding year. It shall be filled out by the attending physician, or, in the case of a child, if any shall have been born, by the mother, and shall set forth as far as the name can be ascertained, the name of the child, the date and place of birth, and the date when conferred; its sex, color, the full name and occupation of the father, and the name of the mother, and shall be delivered daily signed and attested in the form of a certificate between the first and third day of each and every month to the nearest office of the Commissioner of Health. In case the birth of any child shall occur without the presence of a physician or practitioner of midwifery, or of a nurse or parent of such child, the attending physician, or, in the case of a child, the mother, immediately thereafter it shall become the duty of the attending physician, or, in the case of a child, the mother, to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

This schedule shall contain a list of the births which have occurred under his care during the year, and shall set forth as far as the same can be ascertained the full name of each child; the date and place of birth; and the name and occupation of its parents, the date and place of birth; and the date and place of birth of the mother, and the date and place of birth of the father. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or if no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the period above recited, of such any such person or persons, to file this Return with the Commissioner of Health, in the manner and within the period above recited, or to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52438

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Feb 13th 1893*
4. Place of Birth, (Street and Number) *Oak Ave*
5. Full Name of Mother, *Ellie A. Dumb*
6. Mother's Maiden Name, *Samuel*
7. Mother's Birthplace, *Balt^o Co.*
8. Full Name of Father, *Chas. G. Dumb*
9. Father's Occupation, *China Merchant*
10. Father's Birthplace, *Balt^o*
- Name of Medical Attendant, or other person who makes this Return, *J. B. Hart M.D.*
- Address, *#15- Jefferson Ave*
- Remarks, *Married
Balt^o*

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edward D. Leonard.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 7288

1. Sex (state whether male or female),

2. Race or Color (if not of the white race).

3. *Dale of Birth,*

4. Place of Birth (Street and Number), *2 Hartford Road*

5. Full Name of Mother,

6. *Molher's Maiden Name,*

7. *Molher's Birlhplae,*

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

[illegible]

RETURN OF A BIRTH. 52440

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st, 2d, 3d, &c.

1. Sex, (state whether male or female)..... Female

2. Race or Color, (if not of the white race)--- White

3. Date of Birth, December 12 1873.

4. Place of Birth, (Street and Number)..... 10. 2011 E. Preston, 18

5. Full Name of Mother, Glennice Nelson

6. Mother's Maiden Name, Harriet Harris

7. Mother's Birthplace, Franklin

8. Full Name of Father, Chas. E. Hudson

9. Father's Occupation..... Barber, Sec.

10. *Father's Birthplace,* Philippsburg

Name of Medical Attendant, or other person who makes this Return, Dr. R. B. Webb, Jr.

Address, _____ 1941 _____

Remarks.

[illegible]

registrar of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have been reported to the Registrar of Births, and shall be conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the parent or parents of such child shall be liable to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52441

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Dec 13 18
4. Place of Birth, (Street and Number) 1605 Hanover st Baltimore Md
5. Full Name of Mother, Lucilia Geyer
6. Mother's Maiden Name, Lucilia Schultz
7. Mother's Birthplace, Howard Co.
8. Full Name of Father, David M. Geyer
9. Father's Occupation, Engineer
10. Father's Birthplace, Baltimore Md.
- Name of Medical Attendant, or other person who makes this Return, Ratje M. Geyer
- Address, see above
- Remarks, _____

1 6 4 3 0 0 0 4 6 7 8

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the date of its registration. It shall be signed by the practitioner in the presence of the mother, or in case the birth of any child shall occur within every month of the year, by a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereupon it shall become the duty of the person or persons in attendance upon the mother, immediately thereafter, to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52442

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Lula May Dotby
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Dec. 13, 1893
4. Place of Birth, (Street and Number) 636 Cantonment Ave
5. Full Name of Mother, Annie Dotby
6. Mother's Maiden Name, Annie Poole
7. Mother's Birthplace, Balla
8. Full Name of Father, Joseph Dotby
9. Father's Occupation, Clerk
10. Father's Birthplace, Salem, Mass
Name of Medical Attendant, or other person who makes this Return, Mary J. Sullivan
Address, 124 Cantonment Ave
Remarks,

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the law can be ascertained the full name of each child, of the sex conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered daily signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the birth of such child shall be reported to the Commissioner of Health, in the manner and within the period above required, by any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 1st child
1. Sex, (state whether male or female)..... Female
2. Race or Color, (if not of the white race)..... White
3. Date of Birth,..... Dec. 14 / 93
4. Place of Birth, (Street and Number)..... 115 E. Green Street
5. Full Name of Mother,..... Rosy Lichtenberg
6. Mother's Maiden Name,..... Rosy Lichtenberg
7. Mother's Birthplace,..... Russia
8. Full Name of Father,..... Herman Lichtenberg
9. Father's Occupation,..... Clothing Store
10. Father's Birthplace,..... Russia
- Name of Medical Attendant, or other person who makes this Return,..... Mr. Louis Lichtenberg
- Address,..... 115 E. Green Street
- Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as may be ascertained the full name of each child, of birth, and the sex, race or color, date of birth, name and occupation of its parents, the date of marriage between the first and second husband, and the date of death of the mother, in case the birth of any child occurs within the third day of each month, and every month to the office of the Registrar of Health. In case the birth of any child occurs on the third day of each month, without the attendance of a physician, or midwife, or should no other person be present, the mother, named in the schedule, shall be liable to a fine of ten dollars for each offence, and shall be liable to report its birth to the Registrar of Health, in the manner and within the time specified in the regulations of this section. Any person who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52444 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 14th 1893

4. Place of Birth, (Street and Number) 423 St. Poppleton St.

5. Full Name of Mother, Rosa Rinehart

6. Mother's Maiden Name, Rosa Witcamp

7. Mother's Birthplace, Cincinnati Ohio

8. Full Name of Father, Charles Rinehart

9. Father's Occupation, Brass Finisher

10. Father's Birthplace, Cincinnati Ohio

Name of Medical Attendant, or other person who makes this Return, Susan Ylvesten

Address, 23 St. Poppleton St.

Remarks, _____

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether ~~male~~ or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, Dec 14 / 1893

4. Place of Birth, (Street and Number) 34 S. Eutaw

5. Full Name of Mother, Anna Lander

6. Mother's Maiden Name, Beck

7. Mother's Birthplace, Germ

8. Full Name of Father, Henry A. Lander

9. Father's Occupation, Basket Maker

10. Father's Birthplace, German

Name of Medical Attendant, on other person who makes this Return, Katie Miller

Address, 300 Leadenhall Street

Remarks,

18930004682

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the month and year next to the third day of each and every month, to the Registrar of Health, in case the birth of any child is attended upon by a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and may such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Dec 14/93*

4. Place of Birth, (Street and Number) *1725 Eastern Ave*

5. Full Name of Mother, *Geo. L. Peckett*

6. Mother's Maiden Name, *Geo. L. Fuller*

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *Arthur Peckett*

9. Father's Occupation, *Carpenter*

10. Father's Birthplace, *Baltimore City*

Name of Medical Attendant, or other person who makes this Return, *May C. Perry*

Address, *1903 Georgia St*

Remarks, _____

8 9 3 0 0 0 4 5 8 3

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

This schedule shall contain a list of the births which have occurred under its or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, its sex, race, color, the full name and the occupation in the form of a certificate between the first and said schedule shall be delivered to the Registrar of Vital Statistics, Board of Health, Baltimore City, within one month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons at such child to report its birth to the Commissioner of Health, Baltimore City, and to comply with the provisions of this section. Any person or persons who shall fail to do so, or who shall be convicted of any offense, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name of its parents, the date and place of birth; and the said schedule shall be delivered to the office of the Commissioner of Health, in care of the Registrar, on or before the third day of January next following the birth of such child, and shall no other person be in attendance upon the mother, immediately thereafter, than a physician or practitioner of medicine, or a midwife, or a nurse, or a person authorized by the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 5244

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 7th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Dec 14th

4. Place of Birth, (Street and Number) 1072 Reaburg St

5. Full Name of Mother, Eliza Ashen

6. Mother's Maiden Name, Eliza Right

7. Mother's Birthplace, Lancaster County Pa

8. Full Name of Father, James Ashen

9. Father's Occupation, fire man

10. Father's Birthplace, Lancaster County Pa

Name of Medical Attendant, or other person who makes this Return, Asim Charnish

Address, 871 Bay St

Remarks, _____

month, and shall set forth as to the sex, color, the full name and occupation of his parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur upon the mother, attendance of a physician or practitioner shall be required, and the duty of the person or persons of such child to report to the Commissioner of Health, in the manner and within the period above required, and subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

18930004686

RETURN OF A BIRTH. 52451

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) _____

3. Date of Birth, Dec. 14, 1893.

4. Place of Birth, (Street and Number) 214 E. Biddle St.

5. Full Name of Mother, Emily Beacham.

6. Mother's Maiden Name, Emily

7. Mother's Birthplace, London, England

8. Full Name of Father, L. B. Beacham.

9. Father's Occupation, Broker

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, Howard A. Kelly M.D.
(or other person who makes this Return.)

Address, 905 N. Charles St.

Remarks, _____

[illegible]

RETURN OF A BIRTH. 52452
Baltimore City.

RETURN OF

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, Anna Katherine Duerbeck
(state whether 1st, 2d, 3d, &c.)

Name, Anne Katherine
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race) *See*

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks.

[illegible]

Register of such births, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred its sex, color, the full name of the mother, and the name of the physician or practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall refuse to do so, shall be liable to a fine of not less than five dollars, nor more than ten (\$5) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)...

3. Date of Birth, ...

4. Place of Birth, (Street and Number)...

5. Full Name of Mother, ...

6. Mother's Maiden Name, ...

7. Mother's Birthplace, ...

8. Full Name of Father, ...

9. Father's Occupation, ...

10. Father's Birthplace, ...

Name of Medical Attendant, or other person who makes this Return, ...

Address, ...

Remarks, ...

RETURN OF A BIRTH. 53455

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female)..... Second
Male

2. Race or Color, (if not of the white race) _____

3. Date of Birth, Dec 15 22

4. Place of Birth, (Street and Number) 1902 E 13th

5. Full Name of Mother, Lillian W.

6. Mother's Maiden Name, Emma Wiseman

7. Mother's Birthplace, Buach

8. Full Name of Father, Joseph A. W.

9. Father's Occupation *Headsman*

10. Father's Birthplace, Iron Moulder
B.C.T.

Name of Medical Attendant, or other person who makes this Return, Wm. M. G. G. G.

Address: 1438 N B St, Merced, CA 95354

Remarks, *4. 10 roadway*

[illegible]

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother or other person having charge of the child shall report the same to the Commissioner of Health, in the manner and within the period above provided, and any such person, or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 Child Born
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) colored Race
3. Date of Birth, 15th day of December 1898
4. Place of Birth, (Street and Number) 912 E. Gitting Street
5. Full Name of Mother, Sarah Ellen Stevenson
6. Mother's Maiden Name, Sarah Ellen Gale
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George William Stevenson
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Sarah Rollins
- Address, 1610 Vincent St near Baker
- Remarks,

any person who shall deliver, or cause to be delivered, any child, or shall be present at the delivery of any child, who shall not be a duly licensed physician or practitioner of midwifery, or who shall not be a duly licensed nurse, or who shall not be a duly licensed attendant, or who shall not be a duly licensed person, shall be liable to a fine of ten dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH 52457

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Flora Milheiser
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3d

1. Sex, (State whether male or female) *Female*
 2. Race or color, (if not of the white race)
 3. Date of Birth, *Dec. 18th 93*
 4. Place of Birth, (Street and Number) *No. 20 N. Caroline St*
 5. Full Name of Mother, *Mollie Milheiser*
 6. Mother's Maiden Name, *Mollie Schwab*
 7. Mother's Birthplace, *Baltimore*
 8. Full Name of Father, *Isaac Milheiser*
 9. Father's Occupation, *Clerk*
 10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return. *Howard B. Silver*
- Address, *11427 2nd Avenue S.*
- Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks,

3 9 3 0 0 0 4 6 9 5

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 52459

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*
1. Sex (state whether male or female) *Female*
2. Race or Color (if not of the white race) *White*
3. Date of Birth *15 - Dec. 30 1903*
4. Place of Birth (Street and Number) *Conn. Ave*
5. Full Name of Mother *Clara Stallen*
6. Mother's Maiden Name *Hosman*
7. Mother's Birthplace *Balto.*
8. Full Name of Father *Wm. Stallen*
9. Father's Occupation *Candy-maker*
10. Father's Birthplace *Balto.*
- Name of Medical Attendant, or other Person who makes this Return. *Wm B. Rider*
- Address *167 Eastern Ave.*
- Remarks.

mon's, and shall act forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the child's birth shall be delivered, duly to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect to do so, shall be liable to a fine of ten dollars, and shall be liable to be prosecuted to the full due of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52460

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec 15.

4. Place of Birth, (Street and Number)

622 Lombard Street

5. Full Name of Mother,

Amanda Jenkins

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

J B Morris M.D.

Address,

622 Lombard Street

Remarks,

8930004697

Parents and persons who are not the father of the birth child, which have occurred under this or her care during the birth, and who are not the father of the birth child, shall be liable for the same. The name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the date of death, shall be delivered, duly signed by the practitioner of medicine, to the central office of the health department, and the same shall be entered in the birth record of the child. In case the birth of any child is attended upon by the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in compliance with the provisions of this section, shall be subject to the fine of ten dollars for each offense, to be covered by other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52461

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.).

2d

1. *Sex.* (state whether male or female).

male

2. Race or Color, (if not of the white race).

white

3. *Date of Birth.*

16 December

4. *Place of Birth.* (Street and Number).

649, Portland St

5. *Full Name of Mother,*

Mienne Renno

6. *Mother's Maiden Name.*

Messie Einloft

7. *Mother's Birthplace,*...

Germania

8. *Full Name of Father,*

Adolph Kemmer

9. *Father's Occupation.*

barber

10. *Father's Birthplace.*

Russia

Name of Medical Attendant, or other person who makes this Return.

oktavi Niznizh

Address.

Medical Attendant. makes this Return.

Remarks,

1 8 9 3 0 0 4 6 9 8

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, age, date and place of birth, and the date and place of its death, if it shall die within the said schedule month, and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the physician or practitioner shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

52462

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Oct 13/73

4. Place of Birth, (Street and Number)

117 Little Baltimore Street

5. Full Name of Mother,

Leahy, Peter

6. Mother's Maiden Name,

7. Mother's Birthplace,

Russia

8. Full Name of Father,

Nickerson

9. Father's Occupation,

Wagon Maker

10. Father's Birthplace,

Russia

Name of Medical Attendant, or other person who makes this Return,

Mrs. L. M. Brown

Address,

114 1/2 E. York St.

Remarks,

and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur upon the last day of the month, the practitioner shall deliver the same to the office of the Commissioner of Health, in the manner and within the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

52463

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th to kind
triple

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

16 December

4. Place of Birth, (Street and Number)

1115 E Pratt St

5. Full Name of Mother

Fanny Red

6. Mother's Maiden Name

Zeldman

7. Mother's Birthplace

Europe

8. Full Name of Father

Isaac Red

9. Father's Occupation

Dredger

10. Father's Birthplace

Europe

Name of Medical Attendant, or other person who makes this Return

Address

Lincoln Hospital

Remarks

124 Lindal Road 576

8930004700

Health. This schedule shall contain a list of the births which have occurred under his office during the month, and shall set forth, for each birth, the full name and occupation of the father, the date and place of birth, and the date of delivery, and shall be delivered, daily signed by the father, to the Commissioner of Health. In case the birth of an infant occurs on the third day of each and every month to the satisfaction or practitioner of midwifery, or physician, or person or persons of such attendance upon the attendant, and immediately thereafter it shall become and within the period above required, and child in respect to the birth to the Commissioner of Health, in the same manner as if it had been born, and the person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th Mrs. Kins
Madison
1. Sex, (state whether male or female).....
2. Race or Color, (if not of the white race).....
3. Date of Birth, 15th December
4. Place of Birth, (Street and Number) No. 8 No. 6000 st
Easther Rastown, Ky
5. Full Name of Mother,.....
6. Mother's Maiden Name,.....
7. Mother's Birthplace, Europe
Louis Rastown, Ky
8. Full Name of Father,.....
9. Father's Occupation, Farmer
Europe
10. Father's Birthplace,.....
Name of Medical Attendant, or other person who makes this Return,.....
Address, Louis Handker
No. 124 Lidel Gough st
Remarks,

18930004701

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name.*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. Father's Occupation

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return

Address,

Remarks,

[illegible]

8 9 3 0 0 0 4 7 0 2

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date of its birth, and the date of its registration, and shall certify that the same is true and correct, and shall be delivered, duly signed by the practitioner in the form of a certificate between the said child and every month to the office of the Commissioner of Health. In case the birth of any child shall occur in a place where there is no physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the person attending the birth of the child shall be required to report the birth to the Commissioner of Health, in the manner and within the time required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be liable to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 15, 1893
4. Place of Birth, (Street and Number) 571, 4th ave.
5. Full Name of Mother, Elmira E. Thompson
6. Mother's Maiden Name, Phillips
7. Mother's Birthplace, Ind.
8. Full Name of Father, William C. Thompson
9. Father's Occupation, Police officer
10. Father's Birthplace, Ind.
- Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.
- Address, 291 Chestnut ave.
- Remarks, _____

18930004703

52467

5- The

Female

White

15-1893

244 Cedar Avenue

297
L. Williams

Howard

Go. M.

W. Williams

inspector

It is T Co Inc

Mary A. Nathan

Per annum

I was only 7 1/2 months

and short her self

0024704

1830004704

Win. ; C. Dulany Co., City Printers and Stationers

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the person or persons who have caused the birth to be recorded, to the office of the Registrar of Vital Statistics, Board of Health, in the form of a certificate between the first and third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the parents of such child shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable. In case the birth of any child shall occur upon the mother, immediately thereafter it shall become the duty of the parents of such child to cause the birth to be recorded, and in the manner and within the period above provided, and no other person or persons shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52468

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 15th 1893
4. Place of Birth, (Street and Number) 1143 Hamilton St, Balto
5. Full Name of Mother, Jennie, nee Bee
6. Mother's Maiden Name, " " Wigdon
7. Mother's Birthplace, Baltimore City,
8. Full Name of Father, Frank M. Bee
9. Father's Occupation, Groomer
10. Father's Birthplace, Baltimore County, Md
Name of Medical Attendant, or other person who makes this Return, Mrs. Bee
Address, 711 Cross St
Remarks, _____

RETURN OF A BIRTH ⁵²⁴⁶⁹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ^{4th}

1. Sex (state whether male or female), *Male*

2. Race or Color (if not of the white race),

3. Date of Birth, *Dec. 15. '93*

4. Place of Birth (Street and Number), *1953 Edmondson Ave.*

5. Full Name of Mother, *Ann M. Munroe*

6. Mother's Maiden Name, *Smith*

7. Mother's Birthplace, *Penn*

8. Full Name of Father, *Henry R. Munroe*

9. Father's Occupation, *Clerk*

10. Father's Birthplace, *Annapolis*

Name of Medical Attendant, or other person who makes this Return, *Edward J. London M.D.*

Address, *1403 W. Fayette St.*

Remarks,

and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been cast-
with its sex, color, the full name and occupation of the mother, the date and place of birth, and the date of delivery,
shall be delivered, duly signed by the proper authorities, in the form of a certificate between the first and second
each and every month in the office of the Commissioner of Health. In case the birth of any child shall occur without
the attendance of a physician, the father or mother of such child shall be liable to a fine of ten dollars for each
the attendance of a physician, the father or mother of such child shall be liable to a fine of ten dollars for each
mother. In case of a physician, he shall be liable to a fine of ten dollars for each child born or persons
who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars
for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *December 15/93.*

4. Place of Birth, (Street and Number) *Dalles St. No 717*

5. Full Name of Mother, *Alexandria Presmycka.*

6. Mother's Maiden Name, *Medhen*

7. Mother's Birthplace, *Poland.*

8. Full Name of Father, *Kerstanty Krewicki.*

9. Father's Occupation, *Poland*

10. Father's Birthplace, *Rusland.*

Name of Medical Attendant, or other person who makes this Return, *Agnes Stodolna.*

Address, *Thames St. No 1635.*

Remarks, *S. g. ut.*

been conferred by the sex, color, the full name and occupation of its parents, the date and place of birth; and the third day of each and every month, the day of the birth of any child shall occur without the attendance of a physician or practitioner of health. In case the birth of any child shall occur without the attendance of a physician or practitioner of health, the duty of the person in attendance upon the mother, immediately thereafter, shall become the duty of the person in attendance upon the child to report its birth to the Commissioner of Health. In the manner and within the period above required, and no person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of Health, or should no other person be in attendance upon the mother immediately after the birth of the child, the parents of such child shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

52471

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race)

3. Date of Birth, 15 Dec

4. Place of Birth, (Street and Number) 631 N. Bond St

5. Full Name of Mother, Mary Grace

6. Mother's Maiden Name, Kelle

7. Mother's Birthplace, Maryland Co

8. Full Name of Father, Charles Grace

9. Father's Occupation, butcher

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. B. M. G.

Address, 1307 S. Lexington St

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Female

3. Date of Birth, Saturday December 16 1893

4. Place of Birth, (Street and Number) 2500a Conklyn St

5. Full Name of Mother, Harriet Bailor

6. Mother's Maiden Name, Mary Walter

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, Charles Barber

9. Father's Occupation, *Labourer*

10. *Father's Birthplace,* *Baltimore*

Name of Medical Attendant, or other person who makes this Return. ... Catherine Hornum

Address, No 1577 Burd st. Cal.

Remarks.

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the child, if illegitimate, duly registered by the practitioner in the form of a certificate between the first and third day of each and every month. In case the birth of any child shall occur without the attendance of a physician or practitioner, the mother shall, within ten days after the birth of such child, appear before the practitioner and, under his attendance upon the mother, immediately thereunder it shall become the duty of the practitioner to certify to the birth of such child to the Commissioner of Health. In the manner and within the period aforesaid, any such person or persons who shall hereafter fail to comply with the provisions of this section shall be deemed guilty to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

thereafter, stating distinctly the date of birth, sex, and color of the child or children born, is or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 52475

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Nu. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth Child.*
1. Sex (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth *16th Dec. 1893*
4. Place of Birth, (Street and Number) *1807 E. Sadale St.*
5. Full Name of Mother *Eva Lanahan*
6. Mother's Maiden Name *Eva Smith*
7. Mother's Birthplace *Baltimore*
8. Full Name of Father *John Lanahan*
9. Father's Occupation *Fire Smelter*
10. Father's Birthplace *Baltimore*
Name of Medical Attendant, or other Person who makes this Return. *Mrs. Kate Lanahan*
Address *1049 N. Gay St.*
Remarks *Doing well.*

Health. This certificate shall contain a list of the births which have occurred under its or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any, during the said month, its sex, color, the date and place of birth, if any, and the name of the person or persons who attended the birth, and the day of each and every birth which shall occur without the attendance upon the mother, immediately thereafter, and within the period above required, and shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52476

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 16th 1913

4. Place of Birth, (Street and Number) 203rd McCulloch St.

5. Full Name of Mother, Elizabeth Campbell

6. Mother's Maiden Name, Jane

7. Mother's Birthplace, Valet

8. Full Name of Father, William Campbell

9. Father's Occupation, Farmer

10. Father's Birthplace, Valet

Name of Medical Attendant, or other person who makes this Return, Chas E. Saddle

Address, 201 Franklin St.

Remarks,

RETURN OF A BIRTH. 52477

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)-

3. *Date of Birth.*4. *Place of Birth.* (Street and Number)

5. Full Name of Mother.

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address, -

Remarks,

8 9 3 0 0 6 4 7 1 4

month, and shall set forth as far as the same can be ascertained, the name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date of its birth, and the date of its death, if it shall occur within the month to the office of the Commissioner of Health. In case the birth of any child shall occur upon the mother, immediately after the death of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the time provided for, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be liable to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52478

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Penth.

1. Sex, (state whether male or female)

Male.

2. Race or Color, (if not of the white race)

White.

3. Date of Birth,

December 16 - 1893

4. Place of Birth, (Street and Number)

938 Bouldin St.

5. Full Name of Mother,

Victoria Harvey.

6. Mother's Maiden Name,

Victoria Kremer.

7. Mother's Birthplace,

Baltimore City

8. Full Name of Father,

George Wm Harvey.

9. Father's Occupation,

Boiler Maker.

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other person who makes this Return,

George Lutz M.D.

Address,

3139 Elliott St.

Remarks,

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

52479

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

Mary Winifred Lysan

1. Sex (state whether ~~Male~~ or Female)

White

2. Race or Color (if not of the white race)

3. Date of Birth

#

16th Dec. 1893.

4. Place of Birth (Street and Number)

2804 E. Baltimore St.

5. Full Name of Mother

Sallie M. Lysan

6. Mother's Maiden Name

Sallie M. Lysan

7. Mother's Birthplace

Baltimore

8. Full Name of Father

Wm. Lysan, Jr.

9. Father's Occupation

Clerk

10. Father's Birthplace

Baltimore

Name of Medical Attendant, or other Person who makes this Return.

J. M. Crookill, M.D.
#1806 E. Baltimore St.

Address

Remarks

9930004716

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

Seventh

1. Sex, (state whether male or female)

Female

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,*

Dec 18-16-93

4. *Place of Birth, (Street and Number).*

2044 E Fayette

5. *Full Name of Mother,*

Julia Medinger

6. *Mother's Maiden Name,*—

Merigold

7. *Mother's Birthplace,*

Bald

8. *Full Name of Father,*

Harry McDinger

9. *Father's Occupation.*

Bay Maker

10. *Father's Birthplace,*

Bald

Name of Medical Attendant, or other person who makes this Return

Mrs Mary A. Allwell

Address, -

1408 N. Bond St.

Remarks,

RETURN OF A BIRTH. 52481

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

GIVEN NAME ADDED AUG 20

AUG 20 1965

Name: John Haselber

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. *Race or Color, (if not of the white race)*

3. *Date of Birth.*

4. *Place of Birth. (Street and Number)*

5. *Full Name of Mother.*

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks.

Ma C.

White

16 of December 1893

408 N. Castle St.

Marie Maselbeck

Marie Smith

Baltimore Md

John Haselbeck

Cutter and Trimmer

Baltimore Md

Mrs. Lea Hill M.D.

207 N. Castle St Baltimore

[illegible]

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*4. *Place of Birth, (Street and Number*5. *Full Name of Mother,*6. *Mother's Maiden Name*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

The birth certificate shall be delivered, duly signed by the practitioner in the form of a certificate from the Commissioner of Health, to the parents or other persons having custody of the child at the time of each and every month to the age of one year after the date of birth. In case the birth of any child shall occur during the absence of the physician or practitioner of midwifery, or should no other person be immediately available therefor it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and such person or persons who shall have failed to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense; to be recovered as other fines and forfeitures are recoverable.

Each birth certificate shall be delivered, duly signed by the practitioner of its parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of a child is reported without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 8-15-50
RETURN OF A BIRTH.

52483

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Robert Christian Gregorius.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

December 16th - 1892

1016 Arlington Ave.

Minnie Gregorius

Minnie Gable

Baltimore

Robert Christian Gregorius

Compositor

Baltimore

Mr. Ann & Mary Gable

342 Mt. Vernon St.

been conferred his sex, color, the full name and occupation of the practitioner in the form of a certificate of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother, immediately thereafter, it shall become the duty of the person or persons of such child to report his birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to do so, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 6-8-60
RETURN OF A BIRTH. 52484

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ruth E. Baitzell
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 16th 1893
4. Place of Birth, (Street and Number) 46 E. Henrietta St
5. Full Name of Mother, Annie M. Baitzell
6. Mother's Maiden Name, Vansant
7. Mother's Birthplace, Balto.
8. Full Name of Father, Chas. H. Baitzell
9. Father's Occupation, Printer
10. Father's Birthplace, Balto.
Name of Medical Attendant, or other person who makes this Return, R. C. Lee
Address, Hanover St.
Remarks,

said schedule shall be delivered daily signed by the attending physician or midwife, or other person who makes the return, to the Office of the Registrar of Vital Statistics, Board of Health, Baltimore City, on or before the third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and the person or persons failing to do so shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52486

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

Eight

Female

Colored

Dec 16 - 93

819 Bradley St.

Emma Green

R. W. Arnold M.D.

622 N. Lombard St.

18930004723

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 3^d.....

1. Sex, (state whether male or female).....male

2. Race or Color, (if not of the white race) Indians

3. *Date of Birth*, Dec 6, 1893

4. Place of Birth, (Street and Number) 141 E. 14th St. New York, N.Y.

5. Full Name of Mother, Lizette V. Lacey

6. Mother's Maiden Name, Emma Victoria

7. Mother's Birthplace,

8. Full Name of Father, Joseph M. Welch

9. Father's Occupation..... Witcher

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, *James C. Smith*

Address, 124 Caroline St.

Remarks, _____

Such error in sex, color, the full name and occupation of its parents, the date and place of birth; and the date and schedule shall be every month to the office of the Commissioner of Health. In case the birth of an infant shall occur without the attendance of a physician, or the presence of the jury, should no other person be in the room, the mother, or the father, or the mother and father, shall be liable for the payment of such child, and shall be liable to the Commissioner of Health, in the manner and within the period above provided, to report its birth to the Commissioner of Health, to comply with the provisions of this section, shall be subject such person or persons who don't hereafter fail, to be recovered as other fines and forfeitures are recoverable, to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the practitioner of the profession of parent, the date and place of birth; and the said day of each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or in case the birer person be in attendance, immediately thereafter, it shall become the duty of the person or persons in attendance, to report the birth of such child to the office of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52490

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third 3rd child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Dec 16th 1893*
4. Place of Birth, (Street and Number) *815 West Mulberry St*
5. Full Name of Mother, *Annie Louisa Brown*
6. Mother's Maiden Name, *" Knickman*
7. Mother's Birthplace, *Baltimore Md*
8. Full Name of Father, *Henry Brown*
9. Father's Occupation, *Shipping Clerk*
10. Father's Birthplace, *Fifth 15th District Carroll County Md*
- Name of Medical Attendant, or other person who makes this Return, *Mrs Hunter*
- Address, *Popperton St Balto City*
- Remarks, *Mrs Hunter's experience as midwife is far Better than any licensed Physician* *(Henry Brown)*

RETURN OF A BIRTH. 52491

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 16th December 1898

4. Place of Birth, (Street and Number) 835 West Saratoga St.

5. Full Name of Mother, Anna Leetch Campbell

6. Mother's Maiden Name, Anna Wilson

7. Mother's Birthplace, Cincinnati, Ohio

8. Full Name of Father, Hugh Leetch Campbell, Jr.

9. Father's Occupation, (usual occupation) "Civil Engineer" - present "Owner"

10. Father's Birthplace, Auckland New Zealand

Name of Medical Attendant, or other person who makes this Return, W. A. Ledley

Address, 1084 W. Lexington

Remarks, _____

Every child of any age shall have a certificate of birth, and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child or children, or persons or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number).*

5. *Full Name of Mother.*6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

birth conferred, its sex, color, the full name and occupation of its parents, the date and place of its birth, and the name of each child, if any, shall have been ascertained and be duly registered by the practitioner in the form of a certificate between the third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall be the duty of the mother, in and upon the birth of such child, to cause the same to be registered by the practitioner, and in the absence of the mother, the father, or in the absence of both, the nearest relative of such child, to cause the same to be registered by the practitioner, and in the absence of such person or persons, the Commissioner of Health, in the manner and within the period above prescribed, to comply with the provisions of this section, shall be deemed to have done so. Any child not so registered, and any child not so reported, shall be liable to be removed as other foundlings and forfeitable to the tune of ten (10) dollars for each offence.

RETURN OF A BIRTH. 52496

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the mother to cause the birth of such child to be reported to the Registrar of Vital Statistics, and within the period above required, and subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 17th 1893

4. Place of Birth, (Street and Number) 1630 Hanover St

5. Full Name of Mother, Carrie Nickel

6. Mother's Maiden Name, Carrie Dringer

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Ralph Nickel

9. Father's Occupation, Decorator

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Katie Mizereh

Address, 900 Madison Hall Street

Remarks,

18930004733

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address, 1007 W Lexington St.

Remarks,

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the date and vehicle shall be delivered, duly signed by the practitioner or owner of the vehicle, to the health officer of the city or county in which the child was born, within the time specified in the regulations. In case the birth of any child is attended upon without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the attendant otherwise required, and the child to report its birth to the health officer of the city or county in which the child was born, and the health officer shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars; for each offense to be converted as other fines and forfeits are recoverable.

0 9 0 0 0 4 7 3 4

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, the day of each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, immediately after the birth of the child, or the person or persons of such child to receive its birth to the office of Health, in the manner and to the effect provided in and under and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52498

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Dec. 17th 93

4. Place of Birth, (Street and Number) 809 Wheat coat St.

5. Full Name of Mother, Fannie Hopkins

6. Mother's Maiden Name, Wright

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Jere. Wright

9. Father's Occupation, Coachman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, William Kroh M.D.

Address, 1304 W. Lafayette Ave.

Remarks,

9930004735

RETURN OF A BIRTH. 62499

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 14 1893

4. Place of Birth, (Street and Number) Cannon St 514

5. Full Name of Mother, Mari Gnauln

6. Mother's Maiden Name, Mari Jons

7. Mother's Birthplace, Baltimore M.D.

8. Full Name of Father, Carl Gnauln

9. Father's Occupation, Plumber

10. Father's Birthplace, Baltimore M.D.

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 504 So Washington St

Remarks, _____

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in the manner and within the period above required, and shall occur without the payment of any fee, or should in other cases be paid by the mother or father, or by the child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

and certificate shall be delivered, only signed by the practitioner in the form of a certificate between the first and third day of the month in which the birth occurs, and the date and place of birth; and the certificate shall be delivered to the office of the Commissioner of Health, or to a physician or practitioner of midwifery, or should not be delivered to the office of the Commissioner of Health, it shall become the duty of the person or persons in attendance upon the mother, immediately after the birth of any child, to report its birth to the Commissioner of Health, and within the period above required, to file a certificate of such birth with the Commissioner of Health, and to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52577

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 2nd

1. Sex, (state whether male or female)... Male

2. Race or Color, (if not of the white race)... White

3. Date of Birth... 17th December 1893

4. Place of Birth, (Street and Number)... 1107 Sandown St

5. Full Name of Mother... Maria Bilich

6. Mother's Maiden Name... Maria Gulaps

7. Mother's Birthplace... Little Bel

8. Full Name of Father... Frank Bilich

9. Father's Occupation... Builder

10. Father's Birthplace... Little Bel

Name of Medical Attendant, or other person who makes this Return... C. A. Brooks

Address... 1828 1/2 E. 1st St

Remarks... Maria Bilich

8930004737

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and second entries of the birth of any child, and shall be filed in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or shall occur within the period of the pregnancy of the person or persons of such child to report its birth to the Commissioner, it shall be the duty of the person or persons, in the manner and within the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52581

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Second.
Male

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec 17

4. Place of Birth, (Street and Number)

622 W Lombard St.
Victoria Smith.

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this return.

C. W. Larned M.D.

Address, 622 W Lombard Street.

Remarks,

1 6 9 3 0 0 0 4 7 3 8

RETURN OF A BIRTH. ~~52504~~
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible]

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Gr Male

1. Sex, (state whether male or female)

White

2. Race or Color, (if not of the white race).

Dec 17th 1893

3. *Date of Birth,*

217 E. Cross St.

4. *Place of Birth. (Street and Number)*

Fredericka Miller

5. *Full Name of Mother,*

O'Brien

6. *Mother's Maiden Name.*

Germany

7. *Mother's Birthplace,*

Thos H. Miller

8. *Full Name of Father.*

Ferryman

9. *Father's Occupation,*

Balto

10. *Father's Birthplace,*

R. C. L. 22

Name of Medical Attendant, or other person who makes this Return. . .

Heavenly,

Address.

Remarks,

1 6 9 3 0 0 0 4 7 4 0

52504
~~52504~~

[illegible]

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether male or female), *male.*

2. Race or Color (if not of the white race), *Color*

3. Date of Birth, Dec the 17

4. Place of Birth (Street and Number), 1205 Whatecoat St. Ball

5. Full Name of Mother, Mary Ann Elizabeth Harper.

6. Mother's Maiden Name, Mary Anne Elizabeth Scott

7. Mother's Birthplace, Baltimore, Md.

8. Full Name of Father, William R Harper.

9. Father's Occupation, *Cy Steerman*

10. Father's Birthplace, *St Marys County Md*

Name of Medical Attendant, or other person who makes this Return. Dr. Francis Walker.

Address, 928 Whittier St

Remarks,

RETURN OF A BIRTH. 52505-
Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.). 7
 Sex, (state whether male or female). 6/Boy

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)- 7
 Sex, (state whether male or female) 6/Boy

1. Sex, (state whether male or female) — *Boy*

1. Sex, (state whether male or female) — Male

2. Race or Color, (if not of the white race) — White

3. Date of Birth, 17 Dec

3. Date of Birth, 17 Dec.
4. Place of Birth. (Street and Number) 810 Webster st.
No. 421 Katherine St.

3. Date of Birth, _____
4. Place of Birth, (Street and Number) _____
5. Full Name of Mother, _____

5. Full Name of Mother, Mary Catherine Cagen
6. Mother's Maiden Name, B. Higgins

6. Mother's Maiden Name, *Bethlehem*
7. Mother's Birthplace, *Michigan*

6. Mother's Maiden Name, B. E. E. E.
7. Mother's Birthplace, B. E. E. E.
Full Name of Father, Michael Joseph Ward

8. Full Name of Father, John
9. Father's Occupation laborer

9. Father's Occupation.....
10. Father's Birthplace,..... Ireland.

Father's Birthplace, Ireland
 Name of Medical Attendant, or other person who makes this Return. Miss Madden
883

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks,

shall be delivered, duly signed by the practitioner in the form of a certificate, bearing the name and place of birth, and the third day of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance upon the mother, immediately thereafter, the duty of the person or persons of each child to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52507

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) Fifth..

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) C

3. Date of Birth, DEC 18 93.

4. Place of Birth, (Street and Number) 610. E. Calver

5. Full Name of Mother, Whitten Hammond

6. Mother's Maiden Name, —

7. Mother's Birthplace, —

8. Full Name of Father, —

9. Father's Occupation, —

10. Father's Birthplace, —

Name of Medical Attendant, Dr. B. Stone M.D.

Address, 622 W. Lombard Street.

Remarks, —

18930004744

any child shall be delivered, duly signed by the practitioner in the presence of a witness, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of health, it shall become the duty of the person or persons be in attendance upon the mother, immediately thereafter to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who fail to do so shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 5257.8

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (2^d)

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 18th 1893

4. Place of Birth, (Street and Number) 1739 South Harbor

5. Full Name of Mother, Carrie Humphrey

6. Mother's Maiden Name, Carrie Bell

7. Mother's Birthplace, Balto Co

8. Full Name of Father, Geo B Humphrey

9. Father's Occupation, Engineer

10. Father's Birthplace, Balto Co Md

Name of Medical Attendant, or other person who makes this Return, Edw. Burlington M.D.

Address, 118 E Fort Ave

Remarks, Balto City

RETURN OF A BIRTH. 52509

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, December 18th 1893

4. Place of Birth, (Street and Number) No. 619 Fredrick St

5. Full Name of Mother, Emma Steinacker

6. Mother's Maiden Name, Emma Wade

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Thomas Steinacker

9. Father's Occupation, Police-Officer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

18930004746

RETURN OF A BIRTH. 526-10

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec. 18, 1893

4. Place of Birth, (Street and Number) 826 E. 1st St.

5. Full Name of Mother, Mary Miller

6. Mother's Maiden Name, Mary Emack

7. Mother's Birthplace, Balto.

8. Full Name of Father, Charles Miller

9. Father's Occupation, Crover

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, James E. [unclear]

Address, 826 E. 1st St.

Remarks, _____

This certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, the physician or other person who shall become the duty of the person or persons of such child to report the birth of the child to the Commissioner of Health, in the manner and within the period above required, and the person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no birth or any child shall occur without the attendance of a physician or practitioner of midwifery, or should no birth or any child attend upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable, and the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52571

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec 18

4. Place of Birth, (Street and Number)

622 Lombard Street

5. Full Name of Mother,

Mary Newton

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

O. B. Johns M.D.

Address, 622 Lombard Street

Remarks,

18930004748

are corrected) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the parent or guardian, to the office of the Registrar of Vital Statistics, on or before the third day of each and every month to the office of the Registrar of Vital Statistics, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or the duty of the parent or guardian to report its birth to the Registrar of Vital Statistics, immediately thereafter. It shall become the duty of the parent or guardian of such child to report its birth to the Registrar of Vital Statistics, in the manner and within the period above provided, and any such person who shall hereafter fail to comply with the provisions of this section shall be and is liable to be fined not less than ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 52513

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. *Chil. taken*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The mother of two*

1. Sex, (state whether male or female) *A girl*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *February 2nd between 6 and 8 o'clock*

4. Place of Birth, (Street and Number) *At home at 504*

5. Full Name of Mother, *John Taylor*

6. Mother's Maiden Name, *Lola Williams*

7. Mother's Birthplace, *Baltimore city slaug. hse. near a day*

8. Full Name of Father, *Lance Taylor*

9. Father's Occupation, *Driver - Truck*

10. Father's Birthplace, *Baltimore city west st.*

Name of Medical Attendant, or other person who makes this Return, *Amy J. L. Davis*

Address, *802 Chime st*

Remarks, *Dr. J. H. Coleman sister of unit to state*

and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or other person, the mother, immediately thereafter, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above provided, and any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of not less than \$10 nor more than \$50 for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52514

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *December 17th, 1893* *5:30 am*
4. Place of Birth, (Street and Number) *1711 Third Hill Avenue*
5. Full Name of Mother, *Margaret O'Brien*
6. Mother's Maiden Name, *Margaret Monilton*
7. Mother's Birthplace, *Baltimore City*
8. Full Name of Father, *Charles J. O'Brien*
9. Father's Occupation, *Real Estate Agent*
10. Father's Birthplace, *Baltimore City*
- Name of Medical Attendant, or other person who makes this Return, *William J. Todd M.D.*
- Address, *W. Washington St.*
- Remarks, _____

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the Registrar of Vital Statistics, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, and the person or persons in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of whom the child is born to report its birth to the Commissioner of Health, in the manner and within the period above required, and the person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52516

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race)
3. Date of Birth, *Dec 18 93*
4. Place of Birth, (Street and Number) *1729 W Patterson Parker Ave*
5. Full Name of Mother, *Cora McGovern*
6. Mother's Maiden Name, *Wilson*
7. Mother's Birthplace, *Balto Md*
8. Full Name of Father, *Samuel McGovern*
9. Father's Occupation, *Carpenter*
10. Father's Birthplace, *Balto Md*
- Name of Medical Attendant, or other person who makes this Return, *Caroline Miller*
- Address, *1605 Baker St*
- Remarks, _____

18930004753

third day of each and every month to the office of the Commissioner of Health. In case the birth of a child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such class or classes of persons, in the manner and within the period above required, and any such person or persons who shall be so negligent as to fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 3-13-67

RETURN OF A BIRTH. 525-18

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: SAMUEL DAVID BOTTOM

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

male

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

Dec 18 1893

4. Place of Birth, (Street and Number)

553 Conway St

5. Full Name of Mother,

Colvora Bottom

6. Mother's Maiden Name,

" William

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Samie C Bottom

9. Father's Occupation,

Harness maker

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return,

Geo R Shaffer

Address,

Remarks,

18930004755

GIVEN NAME ADDED 1-27-58
RETURN OF A BIRTH. 52519

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Emma Grace Oliver

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth. *Monday, Dec 18th 93. 445th Ave.*

4. Place of Birth, (Street and Number) *Sounder, Am. Navy*

5. Full Name of Mother, *M. Elizabeth Keller Oliver*

6. Mother's Maiden Name, *M. Elizabeth Keller*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *E. Percy Oliver*

9. Father's Occupation, *Merchant (Stationary)*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return. *Obstetrician*

Address, *116 W. Mulberry St. Baltimore*

Remarks, *Good*

1 8 9 3 0 0 0 4 7 5 3

any day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present at the birth of such child to report its birth to the Registrar of Vital Statistics, Board of Health, Baltimore City, in the manner and to the extent provided in the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (State whether male or female) male

2. Race or color, (if not of the white race) colored

3. Date of Birth, December 18th

4. Place of Birth, (Street and Number) 63 Baltimore Valley

5. Full Name of Mother, Mary Hammond

6. Mother's Maiden Name, Mary Knight

7. Mother's Birthplace, Accomack Virginia

8. Full Name of Father, William Hammond

9. Father's Occupation, Labor

10. Father's Birthplace, Accomack Virginia

Name of Medical Attendant, or other person who makes this Return, Henrietta H. Little

Address, No 609 Greenhill street

Remarks,

0 9 3 0 0 3 4 7 5 7

and the date and place of birth; and the occupation of its parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately upon the birth of the child, the father or mother, or any other person, shall be liable to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52521

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

3rd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Col.

3. Date of Birth,

Dec. 18th 1893

4. Place of Birth, (Street and Number)

548 N. Mecklen St.

5. Full Name of Mother,

Kate Waller

6. Mother's Maiden Name,

Kate Snowdon

7. Mother's Birthplace,

Prince Georges Co

8. Full Name of Father,

John Waller

9. Father's Occupation,

Phosphate Works

10. Father's Birthplace,

St Mary's Co

Name of Medical Attendant, or other person who

signed this Return.

Bentley M. Goodman

Address,

572 Mecklen

Remarks,

Third day of each month, and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance upon the mother, immediately thereafter, shall be reported to the Commissioner of Health, in the manner and within the time provided in this section, by the person or persons who shall hereafter fall to comply with the provisions of this section, and any such person or persons who shall hereafter fall to comply with the provisions of this section, shall be liable to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3.*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) _____

3. Date of Birth, *18th December.*

4. Place of Birth, (Street and Number) *1219 Gare street.*

5. Full Name of Mother, *Mrs. Marie Schimonski*

6. Mother's Maiden Name, *Wicknopska.*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *Johan Schimonski*

9. Father's Occupation, *Labour*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other person who makes this Return, *Mrs. J. D. Lisselmann,*

Address, *1225 Gare street.*

Remarks, _____

18930004759

RETURN OF A BIRTH. 5th 25-23

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)...

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth, (Street and Number).*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers

0 9 3 0 0 9 4 7 6 0

RETURN OF A BIRTH. 52524

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

and place of birth, and the date of the birth of any child, shall be the first and only certificate of the birth of any child, and no other person shall be permitted to sign the same. The birth of any child shall be reported to the Registrar of Vital Statistics, Board of Health, Baltimore City, within the period of three days after the birth of the child, and the provisions of this section shall be subject to the provisions of the Act of the General Assembly, passed March 27, 1892, relating to the registration of births and deaths, and to the provisions of the Act of the General Assembly, passed March 27, 1892, relating to the registration of marriages.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 18 - 1893
4. Place of Birth, (Street and Number) 1919 Gough St
5. Full Name of Mother, Annie Larson
6. Mother's Maiden Name, Annie Larson
7. Mother's Birthplace, Norway Europ
8. Full Name of Father, Andreas Larson
9. Father's Occupation, Mariner
10. Father's Birthplace, Norway Europ
- Name of Medical Attendant, or other person who makes this Return, Ellen Smith
- Address, 504 Lot Washington St
- Remarks, _____

1 6 9 3 0 0 4 7 6 1

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur within the same month, the father or mother, or other person immediately thereafter, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 525-25-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 24th 1893

4. Place of Birth, (Street and Number) 1509 S. Register St

5. Full Name of Mother, Kate Miller

6. Mother's Maiden Name, Dieter

7. Mother's Birthplace, Germany

8. Full Name of Father, Richard H. Miller

9. Father's Occupation, Business

10. Father's Birthplace, 1821st St

Name of Medical Attendant, Dr. H. B. Rogers or other person who makes this Return.

Address, 1509 S. Register St

Remarks, _____

18930004762

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother or parent shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in compliance with the provisions of this section, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52526

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Dec 18 - 93*
4. Place of Birth, (Street and Number) *709 E. E. Lane St.*
5. Full Name of Mother, *Ann Conway*
6. Mother's Maiden Name, *McBabe*
7. Mother's Birthplace, *Baltimore, Md.*
8. Full Name of Father, *Ann Conway*
9. Father's Occupation, *Store Merchant*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return, *J. B. Perry M.D.*
- Address, *709 E. E. Lane St.*
- Remarks, _____

1 8 9 3 0 0 0 4 7 6 3

This schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second 2nd Child*
1. Sex, (state whether male or female) *Male Child*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Dec 18/93*
4. Place of Birth, (Street and Number) *No 933 S. Peace St Balto*
5. Full Name of Mother, *Elizabeth Rebecca Schoolden*
6. Mother's Maiden Name, *Elizabeth R Taylor*
7. Mother's Birthplace, *DeSales A D Co Md*
8. Full Name of Father, *William Thomas Schoolden*
9. Father's Occupation, *Watchman*
10. Father's Birthplace, *Baltimore Md*
- Name of Medical Attendant, or other person who makes this Return, *Mary Ellen Bentley*
- Address, *No 929 S. Peace St Balto*
- Remarks, *Child living*

RETURN OF A BIRTH. 52530

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) /

1. Sex, (state whether male or female) - female

2. Race or Color, (if not of the white race).

3. Date of Birth. 19 Dec

4. Place of Birth, (Street and Number) - 707 Lawrence St

5. Full Name of Mother, Mary Pollock

6. Mother's Maiden Name, J. Jackson
7. Mother's Birth Date, 2, Jackson

7. Mother's Birthplace, France

8. Full Name of Father, Joseph P. Pollock

9. Father's Occupation Co. 7

10. Father's Birthdate 1871

10. Father's Birthplace, *Richmond, Va.*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks,

and certificate of the sex, color, the full name and occupation of its parents, the date of birth of each child, if any shall have a third day of birth be delivered, duly signed by the physician or Practitioner of midwifery, to the form of a certificate of birth; and the child shall occur within the first month to the office of the Commissioner of Health. In case the birth of a child to a mother and father shall occur upon the mother, immediately after the birth of a child, the father shall become the duty of the period before the birth of any such person or persons of Health, to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52531

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7. th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec. 19. 1893.

4. Place of Birth, (Street and Number) Kuley St No. 1276

5. Full Name of Mother, Mary Preston

6. Mother's Maiden Name, Mary Haley

7. Mother's Birthplace, Balt

8. Full Name of Father, Michael Preston

9. Father's Occupation, Lab

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs. Etzel

Address, No 1819. Cuba St

Remarks,

third day of each and every month to the office of the Commissioner of Health. If said person be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and any such person or persons shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (State whether male or female).

2. Race or color, (if not of the white race)

3. *Date of Birth,*

4. Place of Birth, (Street and Number)

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

[illegible]

This schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the Commissioner of Health. In case of the death of any child or the death of the mother, immediately thereafter it shall be the duty of the person or persons of whom the child was born to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who fail to comply with the provision of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52535

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 3
1. Sex, (state whether male or female)... Male
2. Race or Color, (if not of the white race)...
3. Date of Birth... Dec. 17/93.
4. Place of Birth, (Street and Number)... 27 N. Spring St.
5. Full Name of Mother... Mary C. Sichel
6. Mother's Maiden Name... Pass
7. Mother's Birthplace... England
8. Full Name of Father... John C. Sichel
9. Father's Occupation... Doctor
10. Father's Birthplace... Baltimore
- Name of Medical Attendant, or other person who makes this Return... Mrs. Annie Tunk
- Address... #12 N. Eden St.
- Remarks...

shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable, and the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and second of every month to the office of the Commissioner of Health. In case the birth of any child shall occur within the month, immediately hereafter it shall become the duty of the person attending upon the mother, immediately hereafter it shall become the duty of the person attending upon the child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52536

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 19 93

4. Place of Birth, (Street and Number) 923 Front St.

5. Full Name of Mother, S. Franklin

6. Mother's Maiden Name, S. Jayman

7. Mother's Birthplace, Mo.

8. Full Name of Father, S. Franklin

9. Father's Occupation, Loc. Engineer

10. Father's Birthplace, Ind.

Name of Medical Attendant, or other person who makes this Return, J. H. Robinson

Address, 716 E. Ruston

Remarks, _____

1 6 9 3 0 0 0 4 7 7 3

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)-

3. *Date of Birth,*4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return

Address,

Remarks,

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures may be recovered.

to be in attendance upon the mother, and to report its birth to the Commissioner of Health, in the manner and within the time required by the provisions of this section, shall be subjected to the fine of \$10 for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 5538

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Male.

2. Race or Color, (if not of the white race)

3. Date of Birth, Dec 19/93

4. Place of Birth, (Street and Number) 1121 Patterson Ave.

5. Full Name of Mother, Etta M. Biscoe

6. Mother's Maiden Name, Lewis.

7. Mother's Birthplace, Balt.

8. Full Name of Father, Howard J. Biscoe

9. Father's Occupation, Grocer

10. Father's Birthplace, St. Mary's Co. Md.

Name of Medical Attendant, or other Person who makes this Return, J. H. Christian M.D.

Address,

Remarks,

all be delivered, duly signed by the practitioner in the form of a certificate between the said schedule each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur during the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the birth, the practitioner shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 52539

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.
1. Sex (state whether male or female), Female.
2. Race or Color (if not of the white race), White.
3. Date of Birth, Dec 19, 93.
4. Place of Birth (Street and Number), 1148 N. Stricker st.
5. Full Name of Mother, Lida Eleanora Harrison.
6. Mother's Maiden Name, " " Morris.
7. Mother's Birthplace, Cambridge
8. Full Name of Father, William Edward Harrison.
9. Father's Occupation, Produce dealer.
10. Father's Birthplace, Yalbot Co.
Name of Medical Attendant, or other person who makes this Return, Geo A Harrison M.D.
Address, 1121 N. Caroline st.
Remarks,

any shall have
said schedule shall be delivered, duly signed by the practitioner of his parents, the date and place of birth; and the
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
attendant upon the mother, immediately thereafter, it shall become the duty of the person or persons of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52540

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race)

3. Date of Birth, *December 20th 1893*

4. Place of Birth, (Street and Number) *615 Wapleth Street*

5. Full Name of Mother, *Rickie Holliman*

6. Mother's Maiden Name, *Rickie Manning*

7. Mother's Birthplace, *Germany*

8. Full Name of Father, *William Holliman*

9. Father's Occupation, *Cigar Maker*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other person who makes this Return, *Dr. G. and C.*

Address, *111 E. 20th St.*

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: George Edward Foss, 1st

No. of Child of Mother, (State whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Phil

3. Date of Birth, ... *Wednesday*

Wednesday

4. *Place of Birth, (Street and Number)*

No 1628 Light St

5. Full Name of Mother,

Emma Foss

- 6.
- Mother's Maiden Name,*

Emma Maxwell
Baltimore

7. *Mother's Birthplace.*

Baltimore

8. *Full Name of Father,*

William Foss
A. L. L.

9. *Father's Occupation*

Laborer
 2B St. 1000

10. *Father's Birthplace,*
 _____ & Medical All

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Gathierine Hornung

Name of Medical Store, _____
Address, No 1517 Byrd St

City

Remarks,

0930004778

an every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 52542

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th.

1. Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

3. Date of Birth,

Dec. 20/92.

4. Place of Birth (Street and Number),

1030 Penna. Ave.

5. Full Name of Mother,

Maggie Joe

6. Mother's Maiden Name,

Daniel

7. Mother's Birthplace,

Balt.

8. Full Name of Father,

Geo L. Joe

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Balt.

Name of Medical Attendant, or other person who makes this Return.

J. H. Christian M.D.

Address,

Remarks,

any such person or persons who shall herein be found guilty of any offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53543

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

18930004780

This certificate shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present at the birth, the mother shall be held responsible for the same, and shall be liable to the same penalties of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52545-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 20 December 1893
4. Place of Birth, (Street and Number) 10511 Cross St
5. Full Name of Mother, Maggie Parker
6. Mother's Maiden Name, Maggie Hunter
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John A. Parker
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, C. A. Brooks
- Address, 1878 Light St
- Remarks, Living, N.Y.

18930004782

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

322

1. Sex. (state whether male or female)

State

2. *Race or Color, (if not of the white race).*

W. L. L.

3. *Date of Birth.*

Dec. 20 / 93

4. *Place of Birth, (Street and Number)*

957 *Pinus. Bre*

5. *Full Name of Mother,*

Annin Hildebrand

6. *Mother's Maiden Name,*

11. Messerschmidt

7. *Mother's Birthplace.*

321

8. *Full Name of Father,*

Benton L. Hildebrand

9. *Father's Occupation*

Spencer

10. *Father's Birthplace,*

Demetrius L. Brown

Name of Medical Attendant, or other person who made this Report:

C. L. Braden

Address _____

418 St. Paca St.

Remarks.

1 8 9 3 0 0 0 4 7 8 3

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female).....Female

2. Race or Color, (if not of the white race) — White

3. Date of Birth, 20 of December

4. Place of Birth, (Street and Number) 2812a Garrison

5. Full Name of Mother, Gypcie Peterfon
P-41

5. Full Name of Mother, Reith

7. Mother's Birthplace, Baltimore
Md.

8. Full Name of Father, Osvald Peterson

9. Father's Occupation..... *Lab. chn.*

10. Father's Birthplace, *Barrow*

Father's Birthplace, Germany
Name of Medical Attendant, or other person who makes this Return, Mrs. E. Weiss

Name of Medical Attendant, makes this Return, *2522 Lancaster Street*
Address, _____

Remarks, _____

RETURN OF A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

6. Female

- 1614 E. Mainmont St
Dec 20 '93
Mary Johnson
" " Banker
" " Old
John John
Gentler
Carman
Caroline Miller
1605 Walker St

Address,

Remarks,

1 9 9 3 0 0 0 4 7 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

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Third
Female
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white

Dec. 20. 93

115 to Four Star

115-10 Louisa
Jennie Martin

Ja

Year	Actual (%)	Projected (%)
1950	7.0	7.0
1960	8.0	8.0
1970	9.0	9.0
1980	10.0	10.0
1990	11.0	11.5
2000	12.0	13.0
2010	13.0	15.0
2020	14.0	17.0
2030	15.0	19.0
2040	16.0	20.0
2050	17.0	20.0

C. S. New

115 Whorl

C. S. New
115 Whorl Street

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~~0430004707~~

Wm J C. Dufany Co., City Printers and Stationers.

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)-

3. *Date of Birth,*

4. *Place of Birth, (Street and Number).*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father,

v. Father's Occupation

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks.

[illegible]

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Registrar of Vital Statistics, Baltimore City, and in case the birth of any child shall occur without the attendance of a physician or practitioner of the healing art, and no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person so attending, to file a Return of Birth, and any such person who shall fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52555

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) _____
3. Date of Birth, Dec. 20 '93
4. Place of Birth, (Street and Number) 1519 E. Monument St
5. Full Name of Mother, Lizzie Marsh
6. Mother's Maiden Name, Jahon
7. Mother's Birthplace, Germany
8. Full Name of Father, Ernst Marsh
9. Father's Occupation, Carpenter
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other person who makes this Return, Caroline C. Miller
- Address, 1605 Walker St
- Remarks, _____

1 8 9 3 0 0 0 4 7 9 2

RETURN OF A BIRTH. 52556

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....6

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth, (Street and Number).*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation:*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

any such person or persons who shall be detected to be guilty of any offence, shall be liable to a fine of not less than five dollars for each offence, to be recovered on other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether ~~male~~ or female),
2. Race or Color, (if not of the white race)
3. Date of Birth, Dec 21 1893
4. Place of Birth, (Street and Number) 1812 E. Eager St.
5. Full Name of Mother, Mollie A. Panetti
6. Mother's Maiden Name, " " Mason
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Ernest F. Panetti
9. Father's Occupation, Salesman
10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other person who makes this Return, Wm. L. Russell
Address, 800, N. Broadway -
Remarks,

The said schedule shall be delivered, duly signed by the practitioner or its parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present at such time, it shall become the duty of the person or persons of such family to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars and costs thereof as other fines and forfeitures are recoverable.

OVER:

To the Office of Registrar
 Ethel May Wells Little
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
 1st female)

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether ~~male~~ or female).

2. Race or Color, (if not of the white race)

- 3.
- Date of Birth.*
-

4. Place of Birth, (Street and Number)-

5. Full Name of Mother, -

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address, S. 400 S. 1st St. N. W.

Remarks,

[illegible]

RETURN OF A BIRTH. 52559

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec. 21, 1893.

4. Place of Birth, (Street and Number) 3125 - O'Connell

5. Full Name of Mother, Elizabeth O'Connell

6. Mother's Maiden Name, Elizabeth Murray

7. Mother's Birthplace, Balto.

8. Full Name of Father, John O'Connell

9. Father's Occupation, Shipping clerk

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Wm. J. C. Bulany

Address, 824 - Quantock St.

Remarks, _____

the full name and occupation of his parents, the date and place of birth, and the date of birth of the child, and the date of the certificate between the first and third day of each and every month, to the Office of the Commissioner of Health. In case the birth of any child shall occur upon the absence of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and to the extent provided in and subject to the provisions of this section. Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52560

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth. 21 December 1893

4. Place of Birth, (Street and Number) 1507 Charles St

5. Full Name of Mother, Margaret Barker

6. Mother's Maiden Name, Georgina Turner

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Thomas Barker

9. Father's Occupation, Fireman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, C. A. Brooks

Address, 1878 Light St

Remarks, Young, White

1 8 9 3 0 0 4 7 9 7

and the date and place of birth; and the certificate between the first and second day of each month, or, in case the birth of any child shall occur upon the third day of each month, immediately thereafter, shall be reported to the Registrar of Vital Statistics, Board of Health, in the manner and within the period above required, and any such person or persons who fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

shall pay at each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance upon the mother, immediately thereafter, in the manner and within the time required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be liable to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52561

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..

Second
Female
W.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec 21.

4. Place of Birth, (Street and Number)

622 Lombard Street.

5. Full Name of Mother,

Eula Bacon.

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

J. H. Leland M.D.

Address,

622 Lombard Street

Remarks,

18930004798

GIVEN NAME ADDED 2-3-60
53564

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Augusta Nora

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 21st day of December 1893

4. Place of Birth, (Street and Number) Baltimore 811 State St.

5. Full Name of Mother, Anna Berchner

6. Mother's Maiden Name, Anna Brown

7. Mother's Birthplace, Germany

8. Full Name of Father, Julius Berchner

9. Father's Occupation, laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Benge

Address, 711 Crown St.

Remarks, _____

1893 000000

This certificate shall be delivered duly signed by the physician, midwife, or other person who attended the birth of the child, to the Registrar of Vital Statistics, Board of Health, Baltimore City, within three days of the birth of the child. If the child is born at a place other than the residence of the mother, the date and place of birth shall be ascertained from the best available sources, and the certificate shall be signed by the person or persons who attended the birth of the child, or by the person or persons who attended the mother during the period above mentioned. If the child is born at a place other than the residence of the mother, the date and place of birth shall be ascertained from the best available sources, and the certificate shall be signed by the person or persons who attended the birth of the child, or by the person or persons who attended the mother during the period above mentioned. If the child is born at a place other than the residence of the mother, the date and place of birth shall be ascertained from the best available sources, and the certificate shall be signed by the person or persons who attended the birth of the child, or by the person or persons who attended the mother during the period above mentioned.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

4d.

Female

White

Dec 21st 1893

41204 7 Beyster St

German

German

Germany

Henry Klein

Carpenter

Germany

Mrs. Christina Lauck

159 Harbor Ave

Baltimore

City

shall be returned, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or in case the mother shall attend to the birth of her child, she shall be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such attendance to report its birth to the Commissioner of Health, and to comply with the provisions of this section. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the officer of health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, no other person shall attend upon the mother, immediately thereafter it shall become the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52566

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female).

Female

2. Race or Color, (if not of the white race).

White

3. Date of Birth,

Dec 21 93

4. Place of Birth, (Street and Number).

904 E. Chase St

5. Full Name of Mother,

M. Steib

6. Mother's Maiden Name,

M. Wilhelm

7. Mother's Birthplace,

Germany

8. Full Name of Father,

C. Steib

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Mo.

Name of Medical Attendant, or other person who makes this Return,

J. H. Robinson M.D.

Address,

726 E. Pratt St

Remarks,

18930004802

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex, (state whether male or female)

2. *Race or Color, (if not of the white race)*

3. *Date of Birth.*4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother.*

6. *Mother's Maiden Name.*

7. *Mother's Birthplace.*

8. *Full Name of Father.*

9. Father's Occupation

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this statement.

Address,

Remarks.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, a child become the duty of the person or persons of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and if any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

1 2 3 4 5 6 7 8 9 10

52569

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

- | | |
|--|--------------------|
| 1. Sex (state whether male or female), | Male |
| 2. Race or Color (if not of the white race), | Colored |
| 3. Date of Birth, | 27 of Decemr 1873 |
| 4. Place of Birth (Street and Number), | 913 W'holboat St |
| 5. Full Name of Mother, | Mrs Lilla L Howard |
| 6. Mother's Maiden Name, | Lilla L Johnson |
| 7. Mother's Birthplace, | Baltimore, Md |
| 8. Full Name of Father, | James H Howard |
| 9. Father's Occupation, | Driver of Wagon |
| 10. Father's Birthplace, | Trapp Colored Cong |
| Name of Medical Attendant. | Mrs Frank Walker |
| Address, | |
| Remarks, | 913 W'holboat St |

each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report his birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who fails or fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered on a *coram deo* fines and forfeitures, as is recoverable.

When a child is delivered, duly signed by the practitioner in the form of a certificate, he shall be required to deliver it to the Office of the Commissioner of Health, in case the birth of any child shall occur within the jurisdiction of the Commissioner of Health, or should no other person be in attendance upon the mother, the duty of the person or persons of such birth shall be in any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52570

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 22 December 1873

4. Place of Birth, (Street and Number) Carverton St

5. Full Name of Mother, Mary T. Hartman

6. Mother's Maiden Name, Mary T. Coker

7. Mother's Birthplace, Balt. Md

8. Full Name of Father, George J. Hartman

9. Father's Occupation, Stevedore

10. Father's Birthplace, Balt. Md

Name of Medical Attendant, or other person who makes this Return, C. A. Brackes

Address, 525 Light St

Remarks, During Illness

1 8 9 3 0 0 0 4 8 0 5

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Friday Dec. 22. = 1893

4. Place of Birth, (Street and Number)

* 713 Harlem Ave.

5. Full Name of Mother,

Carrie V. Dixon

6. Mother's Maiden Name,

Carrie V. Good

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Oliver V. Dixon

9. Father's Occupation

Inspector of Customs

10. Father's Birthplace,

Baltimore

Name of Medical Attendant,

or other person who makes this Return,

Susan Hunter

Address,

23rd Pappallan St

Remarks,

third day of each and every month to the office of the Commissioner of Health, or to the office of a physician or practitioner of medicine, for the purpose of procuring a certificate of the birth of any child, shall occur without the attendance of the mother, immediately hereafter, in the manner and within the period above required, and child or children born to any woman who shall neglect or fail to comply with the provisions of this article and forfeitures are recoverable, shall be liable to a fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

shall be delivered, duly signed by the registrant, to the Registrar of the Office of Vital Statistics, Baltimore City, within the time an certificate between the first and the third day of each and every month to the office of the Commissioner of Health, or to the Registrar of the Office of Vital Statistics, Baltimore City, or to any child attendant upon the mother, immediately thereafter it shall become the duty of the person or persons of such attendance to report its birth to the Commissioner of Health, in the manner and within the period above required, and may each be liable to a fine of ten dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52573

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Dec 22nd 93*
4. Place of Birth, (Street and Number) *1621 Olcott St.*
5. Full Name of Mother, *James Chambers*
6. Mother's Maiden Name, *Orichton*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Frank Chambers*
9. Father's Occupation *Brickman on R. R.*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return, *W. B. Perry M.D.*
- Address, *210 E. Chase St.*
- Remarks, _____

10430004809

third day of each and every month to the office of the Registrar of Vital Statistics, Baltimore City, and the
shall occur without the attendance of a physician or practitioner of medicine, and in case the birth of any child
attendance upon the mother, immediately thereafter it shall become the duty of the person so attending to report the
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
person or persons who shall hereafter fail to comply with the provisions of this section shall be an-
nected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52574

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *Dec 22 - 1893*

4. Place of Birth, (Street and Number) *1833 Canton Ave.*

5. Full Name of Mother, *Annie Grayling*

6. Mother's Maiden Name, *Finck*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Fredrick Grayling*

9. Father's Occupation, *Fireman*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this return, *Mary Stein*

Address, *1427 E. Pratt St.*

Remarks,

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Registrar of Vital Statistics, Board of Health, Baltimore City. In case the birth of any child shall occur without the attendance of a physician or midwife, the parent or persons who shall become liable to the provisions of such law shall be liable to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 52575

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The Second*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Dec 22. 1893*
4. Place of Birth, (Street and Number) *7225 W. Lombard St*
5. Full Name of Mother, *Sadie V. Fowler*
6. Mother's Maiden Name, *Sadie V. Williams*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *H. M. Fowler*
9. Father's Occupation, *Mechanic*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return, *Mrs. Rose Bush*
- Address,
- Remarks,

RETURN OF A BIRTH. 52576

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 22d of December 1893

4. Place of Birth. (Street and Number) 718 N. Monument st

5. Full Name of Mother, Bartara Humphreys

6. Mother's Maiden Name, Garrett

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Foley Humphreys

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs L. Sims

Address, 1907 N. Monument st

Remarks,

shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 525-79

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Two

1. Sex, (state whether male or female) Male + Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 25 2d 1894

4. Place of Birth, (Street and Number) 16 Wolf st

5. Full Name of Mother, Adelheid Jink

6. Mother's Maiden Name, Schmidt

7. Mother's Birthplace, Germany

8. Full Name of Father, Edward Jink

9. Father's Occupation,

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Marie Bloss

Address,

Remarks,

any person who shall be recovered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, or other person who shall come to the residence of the mother, or attend to the child, or report its birth to the Commissioner of Health, in the manner and within the period above required, such any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52580

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

December 22, 1895

4. Place of Birth, (Street and Number)

127 Baltimore Ave

5. Full Name of Mother,

Catherine C. Duffin

6. Mother's Maiden Name,

Dean

7. Mother's Birthplace,

Ireland

8. Full Name of Father,

Michael Duffin

9. Father's Occupation,

laborer

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other person who makes this Return,

J. H. H. H. H. H.

Address,

127 Baltimore Ave

Remarks,

1 8 9 3 0 0 0 4 3 1 6

third day of each and every month to the office of the Commissioner of Health. In case the birth of a child is reported without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the person who shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in case the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52581

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd Child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) _____
3. Date of Birth, *December 22nd, 1893.*
4. Place of Birth, (Street and Number) *No 1816 Lohman*
5. Full Name of Mother, *Lizzie Buschermihle*
6. Mother's Maiden Name, *Butte*
7. Mother's Birthplace, *Berrenbrück*
8. Full Name of Father, *Henry Buschermihle*
9. Father's Occupation, *Laborer*
10. Father's Birthplace, *Berrenbrück*
Name of Medical Attendant, or other person who makes this Return, *Annie Lindner*
Address, *1816 S. Thomas St*
Remarks, _____

18930004317

RETURN OF A BIRTH. 52582

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, Dec 22

4. Place of Birth, (Street and Number) 1322 Penna Ave

5. Full Name of Mother, Julia Berfau

6. Mother's Maiden Name, Koehler

7. Mother's Birthplace, New Haven Conn

8. Full Name of Father, Nathan Berfau

9. Father's Occupation, Dry Goods Dealer

10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return.

Address, 647 N. Lafayette Ave

Remarks,

to be signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Registrar of Vital Statistics, Baltimore City, in case the birth of any child shall occur within the period of time specified in the foregoing provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race) _____

3. Date of Birth.
 Street and Number)

5. Full Name of Mother.

6. Mother's Maiden Name,

7. Mother's Name
8. Full Name of Father,

10. Father's Birthplace.

Name of Medical Attendant, _____ or other _____ makes this Return.

Address,

Remarks,

~~1 8 9 3 0 0 4 2 2 0~~

to be submitted to the Registrar in the form of a certificate between the first and second of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the time specified in the provisions of this section, and any such person or persons who shall neglect to do so, shall be liable to a fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 &c

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 23 1893

4. Place of Birth, (Street and Number) 2122 Kanton Av

5. Full Name of Mother, Mary Bachman

6. Mother's Maiden Name, Mary Berkenmeier

7. Mother's Birthplace, Baltimore, M.D.

8. Full Name of Father, Adam Bachman

9. Father's Occupation, Stevenson

10. Father's Birthplace, Baltimore M.D.

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 504 Washington st

Remarks, _____

said schedule shall be delivered, duly signed by the practitioner in the form of certificate, to the office of the Commissioner of Health, on or before the first and third day of each and every month, to the office of the Commissioner of Health, in case the birth shall occur without the attendance of a physician or practitioner thereafter it shall become the duty of the person or persons be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

First
Male

White

Dec 23rd 93

1008 Barrs St

Jess Annie Harris

Annie Bouchant

Balto Md

P. Harris

Turner

Balto Md

Edw Grosfield M.D

617 Land St

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child, or the mother, to file a statement of the birth of such child, and to pay the fee thereon, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of the law, shall be liable to be fined to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52588

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Henry Joseph Meyer
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. Sex, (state whether male or female) a male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 23rd
4. Place of Birth, (Street and Number) 16 W. Monument Square
5. Full Name of Mother, Mrs. Annie B. Meyer
6. Mother's Maiden Name, B. Mutter
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Mr. Geo. C. Meyer
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Katie Minick

Address, 700 Linden Hall Street

Remarks, _____

1 0 9 3 0 0 4 3 2 4

shall occur at each and every month to the office of the Commissioner in the form of a certificate between the first and third days of the month. In case the birth of any child shall occur upon the attendance of a physician or practitioner of medicine, he shall be bound to report the birth of such child to the Commissioner of Health, in the manner and within the period above required, and such failure to comply with the provisions of this section shall be subject to a fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 533-89

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 23, 93

4. Place of Birth, (Street and Number) 102 S. Payson

5. Full Name of Mother, Mrs Annie M. Westing Jenkins

6. Mother's Maiden Name, "

7. Mother's Birthplace, Balt. Md.

8. Full Name of Father, Walter Jenkins

9. Father's Occupation, Carpenter

10. Father's Birthplace, Balt.

Name of Medical Attendant, or other person who makes this Return, E. S. Sullivan

Address, Annie Jenkins

Remarks,

RETURN OF A BIRTH. 53590

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 23rd
4. Place of Birth, (Street and Number) 102 S. Schroeder St
5. Full Name of Mother, Mollie Barry
6. Mother's Maiden Name, Mollie Wilson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, G. S. Barry
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Mrs. McAlley
- Address, _____
- Remarks, _____

1 0 9 2 0 0 0 4 8 2 5

RETURN OF A BIRTH. 52591

[illegible]

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) *See*

3. Date of Birth,-----

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*—

8. Full Name of Father,

9. *Father's Occupation*—

10. *Father's Birthplace,*
" *Medical All*

Name of Medical Attendant, *H. E. L. Leffer*

Address.

Remarks,

RETURN OF A BIRTH. 52593 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First. 1st

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

23 December 1893.

4. Place of Birth, (Street and Number)

St Peter Str 762

5. Full Name of Mother,

Sylvia Albrecht

6. Mother's Maiden Name,

Sylvia Hart.

7. Mother's Birthplace,

Baltimore M.D.

8. Full Name of Father,

Alexander Albrecht

9. Father's Occupation,

Bookbinder

10. Father's Birthplace,

Sweden

Name of Medical Attendant, or other person who makes this Return.

H. J. B. B. B.

Address,

711 O'Connell St.

Remarks,

18930034829

RETURN OF A BIRTH.

RETURN OF A
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) male
 male or female) white

1. Sex, (state whether male or female).....*Male*
 2. Race, (state whether of the white race or not of the white race).....*White*

2. Race or Color, (if not of the white race)..... See 28..... and 29

2. Race or Color, *See 28.*
3. Date of Birth, *June 28,* (Street and Number) *Ind. Lynn*

4. Place of Birth, (Street and Number).....
Mother.....

5. Full Name of Mother, Elizabeth
Mother's Maiden Name, Baltimore

6. Mother's Maiden Name, Baltimore
7. Mother's Birthplace, Baltimore

8. Full Name of Father, *Not known*

9. Father's Occupation, *Farmer*
Birthplace, *Illinois*

(1). *Father's Birthplace*, or other person who makes this Return.
Name of Medical Attendant, *Md. L.*

Address, _____

Remarks,

Name of Medical Attendant, or other person who makes this Return.

Widmer Brinton. M.D.
M.D. Lying in Hospital

~~1 8 9 7 0 0 0 4 8 3 0~~

GIVEN NAME ADDED. 11-17-58
RETURN OF A BIRTH. 52595-
Board of Health, Baltimore City.

RETURN OF

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

W. J. [unclear] 21

To the Office of Registrar of Vital Statistics.
 Charles Herbert Sawney 2d
 No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)
 Male
 226

1. Sex, (state whether male or female)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)-

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks.

[illegible]

RETURN OF A BIRTH.

525-96

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2. J.
Boy

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

23. December
1888

4. Place of Birth, (Street and Number)

Helene Brosser.
Helene Tuschel.

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

Germany.
John Brosser.
Sakamari.
Germany.

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

or other person who makes this Return,

Address,

Remarks,

Starr. Schloss.
1906. Fairmount ad.

Every person who is required to file a return of a birth, and every person who is required to file a return of a death, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1 6 9 3 0 0 4 8 3 2

third day of each and every month, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, or a midwife, or a nurse, or a person, or persons, who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52597

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3 Kind*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Ways*

3. Date of Birth, *23 Decembr*

4. Place of Birth, (Street and Number) *S. Bond St. 838*

5. Full Name of Mother, *Marie Vunick*

6. Mother's Maiden Name, *Hexner*

7. Mother's Birthplace, *Osteraich*

8. Full Name of Father, *Max Vunick*

9. Father's Occupation, *carriage*

10. Father's Birthplace, *Osteraich*

Name of Medical Attendant, or other person who makes this Return, *Marie Press*

Address, *S. Bond St. 838*

Remarks, *S. Bond St. 838*

18930004833

RETURN OF A BIRTH ⁵²⁵⁹⁸

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ^{3rd.}

1. Sex (state whether male or female), *Female.*

2. Race or Color (if not of the white race), *Dec. 23/83.*

3. Date of Birth, *1804 - Bount St.*

4. Place of Birth (Street and Number), *Camp St.*

5. Full Name of Mother, *King*

6. Mother's Maiden Name, *Doelands*

7. Mother's Birthplace, *Daguis Tangway*

8. Full Name of Father, *Shipman*

9. Father's Occupation, *Doelands*

10. Father's Birthplace, *W. A. Kristian*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1 2 3 4 5 6 7 8 9 10

between the first and third day of each month, to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

52599

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born. Its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether ~~Male~~ or Female) *White*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *Dec 23/88*

4. Place of Birth (Street and Number) *Eden St 238*

5. Full Name of Mother *Clara E. Jenkins*

6. Mother's Maiden Name *G. Love*

7. Mother's Birthplace *Wm. E. Jenkins*

8. Full Name of Father *Printer*

9. Father's Occupation *Jersey*

10. Father's Birthplace *John A. Schutte*

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

1 8 9 3 0 0 4 3 3 5

RETURN OF A BIRTH. 52600
Statistics Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *M*

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. Date of Birth, -----

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother.

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant

Address, */*

Remarks,

[illegible]

or other person who
makes this Return.

RETURN OF A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Wm. H. Child

RETURN OF

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Wm. H. Child

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)-

2. Race or Color, (if not of the white race). DE

3. Date of Birth, (and Number).....

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. *Mother's Maiden Name*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. Father's Occupation

10. *Father's Birthplace,*

10. *Fuller & Co.*
Name of Medical Attendant,

Address,

Address, _____
Remarks, _____

Remarks,

the first child born to the mother, and the certificate between the first and second child, and the certificate between the second and third child, in case the birth of any child to the mother occurs within the period above required, or should no other parents of such child be known, the parent or parents of the child, or the mother, in case the child be illegitimate, shall come to the office of the Commissioner of the State, in the manner and within the period above required, and attend upon the mother, minister, clergy or other person, to report its birth to the Commissioner of the State, to comply with the other fines and forfeitures are recoverable, and any such person or persons who fail to do so, shall be liable to a fine of ten dollars for each offence, to be recovered as such fines are recoverable.

RETURN OF A BIRTH. 52602
Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) _____ is not of the white race).

3. *Date of Birth,*

4. Place of Birth, (Street and Number) _____

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

7. Mother's Name
8. Full Name of Father,

9. Father's occupation

10. Father's Birthplace.

Father's Birthplace, or other person who makes this Return,
Name of Medical Attendant,

Address.

Remarks,

1 2 9 3 0 0 0 4 2 5 8

RETURN OF A BIRTH. 52604

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 24 of December
4. Place of Birth, (Street and Number) corner Jackson St. and Early St.
5. Full Name of Mother, Frank Jackson
6. Mother's Maiden Name, Mary Phister
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank Jackson
9. Father's Occupation, Tanner
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Mrs. E. Weiss
- Address, 2522 Lancaster St.
- Remarks, _____

1 2 3 4 5 6 7 8 9 0

RETURN OF A BIRTH. 52606

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *7th Child*
 1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race)
 3. Date of Birth, *24 of December 1878*
 4. Place of Birth, (Street and Number) *926 N. Hopkins ave*
 5. Full Name of Mother, *Mollie Bernhard*
 6. Mother's Maiden Name, *Collins*
 7. Mother's Birthplace, *Balto*
 8. Full Name of Father, *George Bernhard*
 9. Father's Occupation, *Gilder*
 10. Father's Birthplace, *Balto*
 Name of Medical Attendant, or other person who makes this Return, *Mrs L Gross*
 Address, *1907 E. Monument st.*
 Remarks,

shall occur within the first and second months of life. In case the child is born at a distance from the office of the Commissioner of Health, the physician or practitioner attending upon the mother, immediately after the birth of the child, shall become the duly of the period above required, and attend to report on or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

RETURN OF

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.
 Sex Female

1. Sex, (state whether male or female)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father.*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Father's Birthplace, _____
Name of Medical Attendant, _____ or other person who makes this Return. ..

Address,

Remarks,

any such person who is convicted of an offence under this section shall be liable to a fine of ten (10) dollars for each offence, to be recovered in all other fines and forfeitures are recoverable.

~~1-8 9-3 0 0 0 4 3 4 3~~

Every birth shall be delivered, duly signed by the practitioner in attendance, the date and place of birth; and the child day of each and every month to the office of the Commissioner of Health, or to the office of the Registrar of Vital Statistics, to be filed in the office of the Registrar of Vital Statistics, and the Registrar of Vital Statistics shall be responsible for the safe keeping of the same. The Registrar of Vital Statistics shall also be responsible for the safe keeping of the same. The Registrar of Vital Statistics shall also be responsible for the safe keeping of the same.

RETURN OF A BIRTH. 52608

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

6th

1. Sex, (state whether male or female)

Girl

2. Race or Color, (if not of the white race)

Ways

3. Date of Birth,

24 December

4. Place of Birth, (Street and Number)

S. Dolles St. 829

5. Full Name of Mother,

Babry Miller

6. Mother's Maiden Name,

Lobenevin

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Mojirias Miller

9. Father's Occupation,

carpenter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address,

Marie Pfeil

Remarks,

S. Bond St. 838

1 8 9 3 0 0 0 4 8 4 4

shall occur within the year, and every month in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter, all persons who have knowledge of the birth of such child to report its birth to the Commissioner of Health, in the manner and within the time provided in this section, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52609

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Eighth

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec. 24/23

4. Place of Birth, (Street and Number)

1535 Arisquith St.

5. Full Name of Mother,

Elizabeth K. Hughes

6. Mother's Maiden Name,

Elizabeth K. Pinkerton

7. Mother's Birthplace,

Baltimore Md.

8. Full Name of Father,

Frank P. Hughe

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Baltimore Md.

Name of Medical Attendant, or other person who makes this Return,

A. G. Statton

Address,

1307 N. Central Ave

Remarks,

shall be delivered, duly signed by the practitioner in the form of a certificate, and the date and place of birth, and the name of the mother, shall be entered thereon. In case the mother is not present, the certificate shall be signed by the practitioner or practitioner of midwifery, or should no other person be present, by the midwife, and the certificate shall be signed by the midwife. In case the mother is not present, the certificate shall be signed by the practitioner or practitioner of midwifery, or should no other person be present, by the midwife, and the certificate shall be signed by the midwife. In case the mother is not present, the certificate shall be signed by the practitioner or practitioner of midwifery, or should no other person be present, by the midwife, and the certificate shall be signed by the midwife.

GIVEN NAME ADDED. 8-25-58
RETURN OF A BIRTH.

52610

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

George Sutherland Kirby

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *11*

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race)
3. Date of Birth, *24 Dec 1893*
4. Place of Birth, (Street and Number) *424 Mulberry St*
5. Full Name of Mother, *Mary Kirby*
6. Mother's Maiden Name, *Fredrich*
7. Mother's Birthplace, *Ba. Co.*
8. Full Name of Father, *Geo. Kirby*
9. Father's Occupation, *Stone Finisher*
10. Father's Birthplace, *Ba. Co.*

Name of Medical Attendant, or other person who makes this Return, *Mark H. Day*

Address, *1312 Spring St. St.*

Remarks,

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur within the jurisdiction of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, the midwife or parent of such child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52611

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.)

1. Sex, (~~state whether male or female~~)

2. Race or Color, (~~if not of the~~ white race).

3. Date of Birth, 24 Dec. 1893.

4. Place of Birth, (Street and Number) 30 1236 Fairmount Ave

5. Full Name of Mother, Mrs. Martha Jane Snyder

6. Mother's Maiden Name, Martha Jane Young

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Ed. Philip Snyder

9. Father's Occupation, Pilot

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Dr. Leonard M.D.

Address, 126 Jackson Square

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth.*

4. *Place of Birth, (Street and Number).*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

Wm. J. C. Dulany Co., City Printers and Stationers.

0 4 5 6 0 0 1 2 4 8

52614

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the health officer, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be sentenced to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

Male

White

24th of December 93

2010 Dec - 17

Mar. 1911 (1911)

Maru (Gleim)

1891

10.11.14 (Schuyler)

1000

Remain

Friederike Heule, München

2116 West Pratt St

1843004350

RETURN OF A BIRTH.

RETURN OF A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

No. of Child of Mother, (state whether 1st, 2d, 3d, 4th, 5th, 6th, 7th, 8th, 9th, 10th, 11th, 12th, 13th, 14th, 15th, 16th, 17th, 18th, 19th, 20th, 21st, 22nd, 23rd, 24th, 25th, 26th, 27th, 28th, 29th, 30th, 31st, 32nd, 33rd, 34th, 35th, 36th, 37th, 38th, 39th, 40th, 41st, 42nd, 43rd, 44th, 45th, 46th, 47th, 48th, 49th, 50th, 51st, 52nd, 53rd, 54th, 55th, 56th, 57th, 58th, 59th, 60th, 61st, 62nd, 63rd, 64th, 65th, 66th, 67th, 68th, 69th, 70th, 71st, 72nd, 73rd, 74th, 75th, 76th, 77th, 78th, 79th, 80th, 81st, 82nd, 83rd, 84th, 85th, 86th, 87th, 88th, 89th, 90th, 91st, 92nd, 93rd, 94th, 95th, 96th, 97th, 98th, 99th, 100th, 101st, 102nd, 103rd, 104th, 105th, 106th, 107th, 108th, 109th, 110th, 111th, 112th, 113th, 114th, 115th, 116th, 117th, 118th, 119th, 120th, 121st, 122nd, 123rd, 124th, 125th, 126th, 127th, 128th, 129th, 130th, 131st, 132nd, 133rd, 134th, 135th, 136th, 137th, 138th, 139th, 140th, 141st, 142nd, 143rd, 144th, 145th, 146th, 147th, 148th, 149th, 150th, 151st, 152nd, 153rd, 154th, 155th, 156th, 157th, 158th, 159th, 160th, 161st, 162nd, 163rd, 164th, 165th, 166th, 167th, 168th, 169th, 170th, 171st, 172nd, 173rd, 174th, 175th, 176th, 177th, 178th, 179th, 180th, 181st, 182nd, 183rd, 184th, 185th, 186th, 187th, 188th, 189th, 190th, 191st, 192nd, 193rd, 194th, 195th, 196th, 197th, 198th, 199th, 200th, 201st, 202nd, 203rd, 204th, 205th, 206th, 207th, 208th, 209th, 210th, 211th, 212th, 213th, 214th, 215th, 216th, 217th, 218th, 219th, 220th, 221st, 222nd, 223rd, 224th, 225th, 226th, 227th, 228th, 229th, 230th, 231st, 232nd, 233rd, 234th, 235th, 236th, 237th, 238th, 239th, 240th, 241st, 242nd, 243rd, 244th, 245th, 246th, 247th, 248th, 249th, 250th, 251st, 252nd, 253rd, 254th, 255th, 256th, 257th, 258th, 259th, 260th, 261st, 262nd, 263rd, 264th, 265th, 266th, 267th, 268th, 269th, 270th, 271st, 272nd, 273rd, 274th, 275th, 276th, 277th, 278th, 279th, 280th, 281st, 282nd, 283rd, 284th, 285th, 286th, 287th, 288th, 289th, 290th, 291st, 292nd, 293rd, 294th, 295th, 296th, 297th, 298th, 299th, 300th, 301st, 302nd, 303rd, 304th, 305th, 306th, 307th, 308th, 309th, 310th, 311th, 312th, 313th, 314th, 315th, 316th, 317th, 318th, 319th, 320th, 321st, 322nd, 323rd, 324th, 325th, 326th, 327th, 328th, 329th, 330th, 331st, 332nd, 333rd, 334th, 335th, 336th, 337th, 338th, 339th, 340th, 341st, 342nd, 343rd, 344th, 345th, 346th, 347th, 348th, 349th, 350th, 351st, 352nd, 353rd, 354th, 355th, 356th, 357th, 358th, 359th, 360th, 361st, 362nd, 363rd, 364th, 365th, 366th, 367th, 368th, 369th, 370th, 371st, 372nd, 373rd, 374th, 375th, 376th, 377th, 378th, 379th, 380th, 381st, 382nd, 383rd, 384th, 385th, 386th, 387th, 388th, 389th, 390th, 391st, 392nd, 393rd, 394th, 395th, 396th, 397th, 398th, 399th, 400th, 401st, 402nd, 403rd, 404th, 405th, 406th, 407th, 408th, 409th, 410th, 411th, 412th, 413th, 414th, 415th, 416th, 417th, 418th, 419th, 420th, 421st, 422nd, 423rd, 424th, 425th, 426th, 427th, 428th, 429th, 430th, 431st, 432nd, 433rd, 434th, 435th, 436th, 437th, 438th, 439th, 440th, 441st, 442nd, 443rd, 444th, 445th, 446th, 447th, 448th, 449th, 450th, 451st, 452nd, 453rd, 454th, 455th, 456th, 457th, 458th, 459th, 460th, 461st, 462nd, 463rd, 464th, 465th, 466th, 467th, 468th, 469th, 470th, 471st, 472nd, 473rd, 474th, 475th, 476th, 477th, 478th, 479th, 480th, 481st, 482nd, 483rd, 484th, 485th, 486th, 487th, 488th, 489th, 490th, 491st, 492nd, 493rd, 494th, 495th, 496th, 497th, 498th, 499th, 500th, 501st, 502nd, 503rd, 504th, 505th, 506th, 507th, 508th, 509th, 510th, 511th, 512th, 513th, 514th, 515th, 516th, 517th, 518th, 519th, 520th, 521st, 522nd, 523rd, 524th, 525th, 526th, 527th, 528th, 529th, 530th, 531st, 532nd, 533rd, 534th, 535th, 536th, 537th, 538th, 539th, 540th, 541st, 542nd, 543rd, 544th, 545th, 546th, 547th, 548th, 549th, 550th, 551st, 552nd, 553rd, 554th, 555th, 556th, 557th, 558th, 559th, 560th, 561st, 562nd, 563rd, 564th, 565th, 566th, 567th, 568th, 569th, 570th, 571st, 572nd, 573rd, 574th, 575th, 576th, 577th, 578th, 579th, 580th, 581st, 582nd, 583rd, 584th, 585th, 586th, 587th, 588th, 589th, 590th, 591st, 592nd, 593rd, 594th, 595th, 596th, 597th, 598th, 599th, 600th, 601st, 602nd, 603rd, 604th, 605th, 606th, 607th, 608th, 609th, 610th, 611th, 612th, 613th, 614th, 615th, 616th, 617th, 618th, 619th, 620th, 621st, 622nd, 623rd, 624th, 625th, 626th, 627th, 628th, 629th, 630th, 631st, 632nd, 633rd, 634th, 635th, 636th, 637th, 638th, 639th, 640th, 641st, 642nd, 643rd, 644th, 645th, 646th, 647th, 648th, 649th, 650th, 651st, 652nd, 653rd, 654th, 655th, 656th, 657th, 658th, 659th, 660th, 661st, 662nd, 663rd, 664th, 665th, 666th, 667th, 668th, 669th, 670th, 671st, 672nd, 673rd, 674th, 675th, 676th, 677th, 678th, 679th, 680th, 681st, 682nd, 683rd, 684th, 685th, 686th, 687th, 688th, 689th, 690th, 691st, 692nd, 693rd, 694th, 695th, 696th, 697th, 698th, 699th

2. Race or Color, (if not of the white race) *Black*

2. Race or Color, (if not of the white race) _____
3. Date of Birth, _____ No. 126 Randall

2. Race or Color, (if not of the same race as the mother) _____
3. Date of Birth, Sunday December 21 _____
4. Place of Birth, (Street and Number) No 126 Randall St _____
Canton, Guinther

5. Full Name of Mother, Emma Gausler

5. Full Name of Mother, Emma Gaister
6. Mother's Maiden Name, Germany

6. Mother's Maiden Name, Germany
7. Mother's Birthplace, William

Full Name of Father, Shivnagar

9. Father's Occupation.....*German*

9. Father's Occupation German

10. Father's Birthplace Catharine Hornung

Name of Medical Attendant, or other person who makes this Return.
J. C. B. B. B.

Name of Medical Attendant, ^{or other person who} makes this Return, Dr. J. H. Smith
Address, No 1517 Byrd St City

Remarks,

8 9 3 0 0 0 1 3 5

RETURN OF A BIRTH.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1st, 2d, 3d, &c.) 2d

Josephine Elizabeth

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Female
(state whether male or female) _____
(state race) _____

1. Sex, (state whether male or female) _____

2. Race or Color, ()
Birth, () Number) - 1

3. Date of Birth, _____
4. Place of Birth, (Street and Number) _____
5. Mother, _____

4. Place of Birth of Mother,-----

5. Full Name of Mother, ---
Maiden Name, ---

6. Mother's Maiden birthplace,

7. Mother's Birthplace of Father.

S. Full Name: _____

9. Father's ^{birthplace} _____

10. Father's Blood Medical A

Name of Member 1

Address.

Remarks.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 52617

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Dec 24

4. Place of Birth, (Street and Number) 647 Bruce St

5. Full Name of Mother, Lora Watts

6. Mother's Maiden Name, Lora Johnson

7. Mother's Birthplace, Westminister Carroll County

8. Full Name of Father, George Watts

9. Father's Occupation, Waitress

10. Father's Birthplace, West River Md

Name of Medical Attendant, or other person who makes this Return, Anna Carrish

Address, 871 Bay St

Remarks,

18954001353

shall occur within the month to the office of the Commissioner of Health, in a certificate between the first and second attendances upon the mother, immediately after the birth of any child, and shall become the duty of the person or persons of whom any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52620

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fifth*
1. Sex, (state whether male or female) *Female.*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *December 24 - 1893.*
4. Place of Birth, (Street and Number) *341 Elliott St.*
5. Full Name of Mother, *Anna Margaret Wick*
6. Mother's Maiden Name, *Anna M. Reinhardt*
7. Mother's Birthplace, *Baltimore City*
8. Full Name of Father, *John Geo. Wick*
9. Father's Occupation, *Wheelwright*
10. Father's Birthplace, *Bayern Germany*
- Name of Medical Attendant, or other person who makes this Return, *George Lotz M.D.*
- Address, *3139 Elliott St.*
- Remarks, _____

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or persons of such sex and age as shall be named in the certificate of birth, in the manner and within the period above required, and any such person or persons who shall neglect to do so shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52621

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Dec. 25th 1893

4. Place of Birth, (Street and Number) 573 Chestnut St.

5. Full Name of Mother, Margarette Balth

6. Mother's Maiden Name, Margaret Fisher

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Robert Balth

9. Father's Occupation, Clerk Baus

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Dr. J. H. Horney

Address, 572 Chestnut St.

Remarks,

birth of any child shall occur without the presence of a physician or practitioner of medicine, or of a midwife, or of a nurse, or of a person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of \$10 (ten) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec. 25/93

4. Place of Birth, (Street and Number)

1807 North Ave.

5. Full Name of Mother,

Minnie E. J. Davis

6. Mother's Maiden Name,

Morallye

7. Mother's Birthplace,

Ecuador

8. Full Name of Father,

Paul B. Davis

9. Father's Occupation,

Seaman

10. Father's Birthplace,

Va.

Name of Medical Attendant, or other Person who makes this Return.

J. H. Chittenden M.D.

Address,

Remarks,

GIVEN NAME ADDED *2-15-56*
 RETURN OF A BIRTH. *52623*
 of Vital Statistics, Board of Health, Baltimore City.

GIVEN NAME ADDED
 RETURN OF A BIRTH
 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.
 George Pittsworth.
 (1st, 2d, 3d, 4th, 5th, 6th, 7th, 8th, 9th, 10th, 11th, 12th, 13th, 14th, 15th, 16th, 17th, 18th, 19th, 20th, 21st, 22nd, 23rd, 24th, 25th, 26th, 27th, 28th, 29th, 30th, 31st, 32nd, 33rd, 34th, 35th, 36th, 37th, 38th, 39th, 40th, 41st, 42nd, 43rd, 44th, 45th, 46th, 47th, 48th, 49th, 50th, 51st, 52nd, 53rd, 54th, 55th, 56th, 57th, 58th, 59th, 60th, 61st, 62nd, 63rd, 64th, 65th, 66th, 67th, 68th, 69th, 70th, 71st, 72nd, 73rd, 74th, 75th, 76th, 77th, 78th, 79th, 80th, 81st, 82nd, 83rd, 84th, 85th, 86th, 87th, 88th, 89th, 90th, 91st, 92nd, 93rd, 94th, 95th, 96th, 97th, 98th, 99th, 100th, 101st, 102nd, 103rd, 104th, 105th, 106th, 107th, 108th, 109th, 110th, 111th, 112th, 113th, 114th, 115th, 116th, 117th, 118th, 119th, 120th, 121st, 122nd, 123rd, 124th, 125th, 126th, 127th, 128th, 129th, 130th, 131st, 132nd, 133rd, 134th, 135th, 136th, 137th, 138th, 139th, 140th, 141st, 142nd, 143rd, 144th, 145th, 146th, 147th, 148th, 149th, 150th, 151st, 152nd, 153rd, 154th, 155th, 156th, 157th, 158th, 159th, 160th, 161st, 162nd, 163rd, 164th, 165th, 166th, 167th, 168th, 169th, 170th, 171st, 172nd, 173rd, 174th, 175th, 176th, 177th, 178th, 179th, 180th, 181st, 182nd, 183rd, 184th, 185th, 186th, 187th, 188th, 189th, 190th, 191st, 192nd, 193rd, 194th, 195th, 196th, 197th, 198th, 199th, 200th, 201st, 202nd, 203rd, 204th, 205th, 206th, 207th, 208th, 209th, 210th, 211th, 212th, 213th, 214th, 215th, 216th, 217th, 218th, 219th, 220th, 221st, 222nd, 223rd, 224th, 225th, 226th, 227th, 228th, 229th, 230th, 231st, 232nd, 233rd, 234th, 235th, 236th, 237th, 238th, 239th, 240th, 241st, 242nd, 243rd, 244th, 245th, 246th, 247th, 248th, 249th, 250th, 251st, 252nd, 253rd, 254th, 255th, 256th, 257th, 258th, 259th, 260th, 261st, 262nd, 263rd, 264th, 265th, 266th, 267th, 268th, 269th, 270th, 271st, 272nd, 273rd, 274th, 275th, 276th, 277th, 278th, 279th, 280th, 281st, 282nd, 283rd, 284th, 285th, 286th, 287th, 288th, 289th, 290th, 291st, 292nd, 293rd, 294th, 295th, 296th, 297th, 298th, 299th, 300th, 301st, 302nd, 303rd, 304th, 305th, 306th, 307th, 308th, 309th, 310th, 311th, 312th, 313th, 314th, 315th, 316th, 317th, 318th, 319th, 320th, 321st, 322nd, 323rd, 324th, 325th, 326th, 327th, 328th, 329th, 330th, 331st, 332nd, 333rd, 334th, 335th, 336th, 337th, 338th, 339th, 340th, 341st, 342nd, 343rd, 344th, 345th, 346th, 347th, 348th, 349th, 350th, 351st, 352nd, 353rd, 354th, 355th, 356th, 357th, 358th, 359th, 360th, 361st, 362nd, 363rd, 364th, 365th, 366th, 367th, 368th, 369th, 370th, 371st, 372nd, 373rd, 374th, 375th, 376th, 377th, 378th, 379th, 380th, 381st, 382nd, 383rd, 384th, 385th, 386th, 387th, 388th, 389th, 390th, 391st, 392nd, 393rd, 394th, 395th, 396th, 397th, 398th, 399th, 400th, 401st, 402nd, 403rd, 404th, 405th, 406th, 407th, 408th, 409th, 410th, 411th, 412th, 413th, 414th, 415th, 416th, 417th, 418th, 419th, 420th, 421st, 422nd, 423rd, 424th, 425th, 426th, 427th, 428th, 429th, 430th, 431st, 432nd, 433rd, 434th, 435th, 436th, 437th, 438th, 439th, 440th, 441st, 442nd, 443rd, 444th, 445th, 446th, 447th, 448th, 449th, 450th, 451st, 452nd, 453rd, 454th, 455th, 456th, 457th, 458th, 459th, 460th, 461st, 462nd, 463rd, 464th, 465th, 466th, 467th, 468th, 469th, 470th, 471st, 472nd, 473rd, 474th, 475th, 476th, 477th, 478th, 479th, 480th, 481st, 482nd, 483rd, 484th, 485th, 486th, 487th, 488th, 489th, 490th, 491st, 492nd, 493rd, 494th, 495th, 496th, 497th, 498th, 499th, 500th, 501st, 502nd, 503rd, 504th, 505th, 506th, 507th, 508th, 509th, 510th, 511th, 512th, 513th, 514th, 515th, 516th, 517th, 518th, 519th, 520th, 521st, 522nd, 523rd, 524th, 525th, 526th, 527th, 528th, 529th, 530th, 531st, 532nd, 533rd, 534th, 535th, 536th, 537th, 538th, 539th, 540th, 541st, 542nd, 543rd, 544th, 545th, 546th, 547th, 548th, 549th, 550th, 551st, 552nd, 553rd, 554th, 555th, 556th, 557th, 558th, 559th, 560th, 561st, 562nd, 563rd, 564th, 565th, 566th, 567th, 568th, 569th, 570th, 571st, 572nd, 573rd, 574th, 575th, 576th, 577th, 578th, 579th, 580th, 581st, 582nd, 583rd, 584th, 585th, 586th, 587th, 588th, 589th, 590th, 591st, 592nd, 593rd, 594th, 595th, 596th, 597th, 598th, 599th, 600th, 601st, 602nd, 603rd, 604th, 605th, 606th, 607th, 608th, 609th, 610th, 611th, 612th, 613th, 614th, 615th, 616th, 617th, 618th, 619th, 620th, 621st, 622nd, 623rd, 624th, 625th, 626th, 627th, 628th, 629th, 630th, 631st, 632nd, 633rd, 634th, 635th, 636th, 637th, 638th, 639th, 640th, 641st, 642nd, 643rd, 644th, 645th, 646th, 647th, 648th, 649th, 650th, 651st, 652nd, 653rd, 654th, 655th, 656th, 657th, 658th, 659th, 660th, 661st, 662nd, 663rd, 664th, 665th, 666th, 667th, 668th, 669th, 670th, 671st, 672nd, 673rd, 674th, 675th, 676th, 677th, 678th, 679th, 680th, 681st, 682nd, 683rd, 684th, 685th, 686th, 687th, 688th, 689th, 690th, 691st, 692nd, 69

RETURN
To the Office of Registrar of Vital Statistics, Board of Health
Given Name - George Pittsworth
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Male
State whether male or female. White
State whether of the white race. Descendant

1. Sex, (state whether male or female).

1. Sex, (state whether male or female) _____

2. Race or Color, (if not of the white race) _____

3. Birth, _____ and Number) _____

3. Date of Birth, _____
 & Birth, (Street and Number) _____

4. Place of Birth, -----
5. Full Name of Mother, -----
Maiden Name, -----

5. Full Name of _____
6. Mother's Maiden Name, _____
7. Birthplace, _____

6. Mother's Birthplace,
7. Mother's Name of Father

7. Mother's Birthplace
8. Full Name of Father
Occupation

8. Full Name
9. Father's Occupation
10. Birthplace

10. Father's Birthplace, _____ of Medical Al _____

10. Father's Name of Medical Attending Physician

Address:

Remarks,

C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 52624

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female)..... *Female*

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec. 25-th 1893.

4. Place of Birth, (Street and Number). 1301 Columbia Ave

5. Full Name of Mother, Ida May Wright

6. Mother's Maiden Name, Coulson

7. Mother's Birthplace, Baltimore

8. Full Name of Father, *Harry Edwin Wright*

9. Father's Occupation, Freight Sorter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return A. W. Webber, M.D.

Address, 723 W. Lombard St.

Remarks.

the practitioner in the form of a certificate between the first and third day of each and every month to the physician or practitioner of midwifery, or to the attendance of a midwife, or to the person or persons who shall order upon the mother, immediately thereafter it shall become the duty of the practitioner to report the birth to the Commissioner of Health, in the form of a certificate, and the provisions of this section shall be applicable to any such person or persons who shall hereafter fail to comply with the provisions of this section and forfeitures are recoverable, and the fine of ten (10) dollars for each offense, to be recovered on other fines and forfeitures are recoverable.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter the mother, or the person who attended her, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52625

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 25th Dec 1893
4. Place of Birth, (Street and Number) 515th Lee St
5. Full Name of Mother, Mattie Redgrave
6. Mother's Maiden Name, Quail
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Samuel B Redgrave
9. Father's Occupation
10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other person who makes this Return, Elizabeth Jewell
Address, 436 E Fort Ave
Remarks,

RETURN OF A DEATH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

36

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *ma.*
 Sex *female*

1. Sex, (state whether male or female) male
 2. Race, (state whether white or colored) white

2. Race or Color, (if not of the white race) *White*

2. Race or Color, (if not of the white race) _____
3. Date of Birth, _____ (Month) _____ (Day) _____ (Year) _____

4. Place of Birth, (Street and Number) *671. 2*
Res. Kitty

5. Full Name of Mother, *Mrs. Kitty*
Kitty Ma

6. Mother's Maiden Name, *Luxemburg*

7. Mother's Birthplace,
Name of Father, *William A.*

8. Full Name of Father, *Cyster Packer*
9. Father's Occupation, *Book*

10. Father's Birthplace, Balt.

10. *Name of Medical Attendant,* or other person who makes this return.

Address,

Remarks, _____

the full name and designation of its parents, the date and place of the birth, and the name of the physician or midwife, in case the birth of such child shall occur without the attendance of a mother, immediately after the birth of such child, shall be delivered, duly signed, by the physician or midwife, or should no physician or midwife be present, by the father or mother, or by some other person or persons, to the Commissioner of the Department of Health, in the manner and for the purpose above required, and such person or persons shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable, if such person or persons neglect to do so.

WM. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS

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RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)—

1. Sex, (state whether male or female) —

2. Race or Color, (if not of the white race) —

3. Date of Birth. —

4. Place of Birth, (Street and Number) —

5. Full Name of Mother. —

6. Mother's Maiden Name. —

7. Mother's Birthplace. —

8. Full Name of Father. —

9. Father's Occupation. —

10. Father's Birthplace. —

Name of Medical Attendant. —

Address. —

Remarks. —

or other person who makes this Return.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the time specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52628

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, December 25 1893

4. Place of Birth, (Street and Number) 123 Monrovia St

5. Full Name of Mother, Lada Barnes

6. Mother's Maiden Name, Lada Rice

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Milder Rice

9. Father's Occupation Laborer

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes the return, L. A. Barnes, M.D.

Address, 123 Monrovia St No 124

Remarks, full 9 months

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present at the birth of such child, the person or persons who shall be present at the birth of such child, or the person or persons who shall be present at the birth of such child, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52631

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

each and every month to the Registrar of the City of Baltimore, and to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the father of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and if he fails to do so, he shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 52633

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race),

3. Date of Birth, Dec 25-1893

4. Place of Birth (Street and Number), 4 Hollins St W

5. Full Name of Mother, Ann E. Stumpf

6. Mother's Maiden Name, Hahn

7. Mother's Birthplace, Balt

8. Full Name of Father, Wm Stumpf

9. Father's Occupation, Butcher

10. Father's Birthplace, Penn

Name of Medical Attendant, or other person who makes this Return.

Edward H. Gordon M.D.
1403 W Fayette St

Address,

Remarks,

any day or each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur within the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the time specified in any such person or persons who shall hereafter be appointed, and any person or persons who shall be sub- jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

December 25, 1893

4. Place of Birth, (Street and Number)

120 East Fort Ave

5. Full Name of Mother,

Sabitha A. Fushel

6. Mother's Maiden Name,

" " Johnson

7. Mother's Birthplace,

Prince Georges Co Md.

8. Full Name of Father,

Isaac Fushel

9. Father's Occupation,

Fireman

10. Father's Birthplace,

West Virginia

Name of Medical Attendant, or other person who makes this Return,

Dr. R. F. Phillips

Address,

Remarks,

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter the person who shall become the duty of the person or persons of such child shall be liable to the same penalty as is provided for in this section. In case the birth of any child shall occur without the attendance of any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 5-14-57
RETURN OF A BIRTH. 52637

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Sarah Cohn

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4d*

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race) *white*

3. Date of Birth, *December 25, 93.*

4. Place of Birth, (Street and Number) *242 S. High Str*

5. Full Name of Mother, *Abira Cohn*

6. Mother's Maiden Name, _____

7. Mother's Birthplace, *Europe*

8. Full Name of Father, *Joseph Cohn*

9. Father's Occupation, *Cigar maker*

10. Father's Birthplace, *Europe*

Name of Medical Attendant, or other person who makes this Return, *Mrs. Cecile Bernstein*

Address, *122 S. Exeter Str*

Remarks, _____

0 9 5 0 0 0 4 0 7 3

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female).....male

2. Race or Color, (if not of the white race) colored

3. *Date of Birth*, 26 Dec. 1897

4. Place of Birth, (Street and Number) 746 Dwyer St.

5. Full Name of Mother, Rosa B...

6. Mother's Maiden Name. Rosa P. Johnson

7. *Mother's Birthplace*..... *Baldwin*

8. Full Name of Father, John J. Brown

9. Father's Occupation Writer

10. Father's Birthplace. *Liberal, Tenn. 17 - 1890*

Name of Medical Attendant or other person who *Shirley Robinson*

Address 831 D

811 Koyd St

REMARKS,

Wm. J. C. Hulany Co., City Printers and Stationers.

~~0-9-0-0-0-4-8-7-1~~

want, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred, its sex, color, the full name and the date and place of birth; and the said schedule shall be delivered, duly filled out, to the office of the Commissioner of Health, in case of a child born in the city of Baltimore, on the third day of its birth, and in case of a child born elsewhere, on the day of its birth, and the day of the report of the birth, in the manner and within the period above required, and any such person or persons who fail to comply with the provisions of this section, shall be liable to a fine of not less than five dollars, and forfeitures are recoverable, and shall be liable to a fine of not less than five dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52639

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *December 26, 1893*
4. Place of Birth, (Street and Number) *825 E. Pratt str*
5. Full Name of Mother, *Jessie Meniblum*
6. Mother's Maiden Name, *Europe*
7. Mother's Birthplace, *Europe*
8. Full Name of Father, *Simon Meniblum*
9. Father's Occupation, *Dealer*
10. Father's Birthplace, *Europe*
- Name of Medical Attendant, or other person who makes this Return, *Mrs. Cecile Bernstein*
- Address, *122 S. Exeter str*
- Remarks, _____

1 0 9 3 0 0 0 4 8 7 5

RETURN OF A BIRTH. 52640

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, December 26 1892

4. Place of Birth, (Street and Number) 124 Chestnut Street

5. Full Name of Mother, Merron Ybarbino's

6. Mother's Maiden Name, Merron Johnson

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James Ybarbino's

9. Father's Occupation, Labor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Harriet Jackson

Address, 129 Hodges Ave.

Remarks, _____

5 4 3 2 1 0 0 4 8 7 6

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Scr.* (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*

4. *Place of Birth, (Street and Number):*

5. Full Name of Mother.

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number).*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child.*

1. Sex, (state whether male or female) *Female.*

2. Race or Color, (if not of the white race) *Colored.*

3. Date of Birth, *27th of December 1893*

4. Place of Birth, (Street and Number) *No. 717 N. Durham St.*

5. Full Name of Mother, *Bettie Forrest*

6. Mother's Maiden Name, *Bettie Cecil*

7. Mother's Birthplace, *Anne Arundel Co. Md.*

8. Full Name of Father, *Isaac Forrest*

9. Father's Occupation, *Stevard*

10. Father's Birthplace, *St. Mary's Co. Md.*

Name of Medical Attendant, or other person who makes this Return, *Mrs. Ann Forrest*

Address, *No. 715 N. Durham St.*

Remarks, *A good midwife and attendant.*

shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance upon the birth of a child, the person attending the birth shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable, any person who shall fail to comply with the provisions of this act shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Dec. 27, 1893*

4. Place of Birth, (Street and Number) *1807 S. Charles St.*

5. Full Name of Mother, *Lizzie Cox*

6. Mother's Maiden Name, *Lizzie Klingfelter*

7. Mother's Birthplace, *York County, Pa.*

8. Full Name of Father, *Charles E. Cox*

9. Father's Occupation, *Railroader*

10. Father's Birthplace, *Maryland*

Name of Medical Attendant, or other person who makes this Return, *Dr. R. L. King*

Address, *213 E. North St.*

Remarks, *Living Well*

8930004334

month, and shall set forth as far as the facts can be ascertained, the full name of each child, or her name during the infancy, the sex, color, the full name of the mother, the date and place of birth; and the name of the child shall be delivered, only signed by the practitioner in the form, in the month to the office of the Commissioner of Health, in case the birth certificate shall occur without the signature of the mother, in case the birth certificate shall occur with the signature of the mother, immediately thereafter in the office of the Commissioner of Health, in case the birth certificate shall occur with the signature of the mother, immediately thereafter in the office of the Commissioner of Health, in the manner and within the time and to the person or persons of such authority as the Commissioner of Health may from time to time direct, and shall be subject to the provisions of this section shall be, and each person who shall be liable to pay a fine of ten (\$10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52657

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *9th*

1. Sex, (state whether male or female)..... Female.
2. Race or Color, (if not of the white race)..... White.
3. Date of Birth,..... December 28 1893.
4. Place of Birth, (Street and Number)..... No. 1209 E. North ave.
5. Full Name of Mother,..... Berinda Houston
6. Mother's Maiden Name,..... Berinda Ware
7. Mother's Birthplace,..... Baltimore
8. Full Name of Father,..... Richard Houston
9. Father's Occupation..... Bookman.
10. Father's Birthplace,..... Baltimore

Name of Medical Attendant, or other person who makes this Return, Geo. E. Russell, Jr.

Address,
 Remarks, 1941 Hayford ave

Remarks,

[illegible]

RETURN OF A BIRTH.

GIVEN NAME ADDED 8-2-56

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Edward Michael Evans 2

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. Date of Birth, Dec. 28, 1893

4. Place of Birth, (Street and Number) Ball, Lumbar 217

5. *Full Name of Mother.*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father.*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

RETURN OF A BIRTH.

Registrar of Vital Statistics, Board of Health, Baltimore City.

52653

(whether 1st, 2d, 3d, &c.)

Male

To the Office of

No. of Child of Mother. (State whether male or female)

1. Sex.

2. Race or Color. (If not of the white race)

3. Date of Birth.

4. Place of Birth. (Street, City, State, & Country)

5. Full Name of Mother.

6. Mother's Name.

7. Mother's Name.

8. Mother's Name.

9. Mother's Name.

10. Mother's Name.

or other person who makes this Return.

1 Dec 1891

1618 J. Fisher

Shadung

Shadung

Shadung

Shadung

Shadung

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Shadung

CORRECTION

The preceding document has been re-
photographed to assure legibility and its
image appears immediately hereafter.

STATE OF MARYLAND

HE-EM 22
(4-1-54)
Hall of Records Commission

RETURN OF A BIRTH. 52653

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 24 Dec 1891

4. Place of Birth, (Street and Number) 1618 Highland St

5. Full Name of Mother, Barbara Larkin

6. Mother's Maiden Name, Larkin

7. Mother's Birthplace, Balto

8. Full Name of Father, Wm Larkin

9. Father's Occupation, cigar maker

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Wm D Mitty

Address, 302 E Lexington

Remarks,

Commissioner of Health, Baltimore City, to be returned to the Office of Registrar of Vital Statistics, Board of Health, Baltimore City, for each offence, to be recovered as other fines and forfeitures are recoverable.

and schedule shall be delivered, duly signed by the name and occupation of its parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health, to be filed in a certificate between the first and second day of the following month, and shall be subject to the inspection of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52655

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *10th*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *29th Dec.*
4. Place of Birth, (Street and Number) *N. 1215 Scott St.*
5. Full Name of Mother, *Laura R. Adams*
6. Mother's Maiden Name, *" " " Craig*
7. Mother's Birthplace, *Baltimore Md.*
8. Full Name of Father, *John C. Adams.*
9. Father's Occupation, *Plasterer*
10. Father's Birthplace, *Baltimore Md.*
- Name of Medical Attendant, or other person who makes this Return, *Mrs. A. M. Bischoff*
- Address, *N. 1436 Cleveland St.*
- Remarks,

been conferred its sex, color, the full name and occupation of the mother, the date and place of birth, and the date of delivery, shall be delivered, duly signed by the practitioner in attendance upon the mother, immediately after the birth of the child to report its birth to the Commissioner of Health, in and within the period above required, or should the practitioner or practitioner of midwifery, or should the person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52656

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8.
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 29 December
4. Place of Birth, (Street and Number) 1526 S. Charles St
5. Full Name of Mother, Amelie Cook
6. Mother's Maiden Name, " Boliner
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Geo. E. Cook
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, Dr. J. M. Jones
- Address, Hall St. 1331 Lucas Point.
- Remarks,

and schedule shall be recorded, only signed by the practitioner in the form of a certificate in the first and third day of each and every year, and every day of the year, and the date of the birth of the child shall be recorded upon the mother, immediately thereafter, it shall be the duty of the person or persons of such any such person, who shall hereafter fail to comply with the provisions of the period above required, and be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52657

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th child
1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, Borne on 29th Decere
4. Place of Birth, (Street and Number) No 220 South Carey St
5. Full Name of Mother, Maggie Conway
6. Mother's Maiden Name, Quinn
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Michael Conway
9. Father's Occupation, iron moulder
10. Father's Birthplace, Alexandria Va
- Name of Medical Attendant, or other person who makes this Return, Dr J Seeman M.D.
- Address, No 1313 West Baltimore St
- Remarks, fine child
not named

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and second months of the year in which the birth occurs, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance upon the mother, immediately thereafter it shall be the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above provided, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52658

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, Dec. 29, 1893.
4. Place of Birth, (Street and Number) Md. Lying In Hosp.
5. Full Name of Mother, Birchie Garner
6. Mother's Maiden Name, Mc
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Not known
9. Father's Occupation, Not known
10. Father's Birthplace, Not known
- Name of Medical Attendant, or other person who makes this Return, Wm. Brantow, M.D.
- Address, Md. Lying in Hospital
- Remarks, _____

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

52659

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

- No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3^d
1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth Dec. 29, 1893
4. Place of Birth (Street and Number) 527 W. Hoffmann St.
5. Full Name of Mother Lillie Lee Hill
6. Mother's Maiden Name Lee
7. Mother's Birthplace Balti City
8. Full Name of Father Wmiles Lee
9. Father's Occupation Waiter
10. Father's Birthplace Va.
Name of Medical Attendant, or other Person who makes this Return. W. H. Thompson
Address 526 St. Paul St.
Remarks

1 8 9 3 0 0 0 4 3 9 5

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)..... M. H

2. Race or Color, (if not of the white race) _____

3. *Date of Birth*, Jan 29/83

4. Place of Birth, (Street and Number) 1116 11th St. N. S. East

5. Full Name of Mother, *Theresa Costello*

6. Mother's Maiden Name, — Anna Lindgren

7. *Mother's Birthplace,* Peru

8. Full Name of Father, William H. Jones

9. Father's Occupation----- (Carpenter)

10. *Father's Birthplace,* _____

Name of Medical Attendant, or other person who makes this Return, J. H. ...

Address, 44 York Street

Remarks, _____

born in, shall set forth as far as the same can be ascertained, the full name of each child, or her case during the life of said female shall be delivered daily signed by the practitioner in the form of a certificate, which shall occur without the attendance upon the mother, immediately thereafter it shall become and remain the duty of such attendance upon the mother, immediately thereafter it shall become and remain the duty of such attendance upon birth to the Commissioner of Health, in the manner and within the period, or periods of such annual report, to comply with the provisions of this section; shall be paid to the mother, for each offence, ten dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 11-21-58

Ruth Metcalfe

Finale

white.

December 29, 1873.

153 Kells Road.

Elizabeth Bell Mulsalfe

Банков

Dr. H. J. ...

Raymond L. Melcalfe

Mill Operative.

Ans.

Chas H. Mitchell & Co.

291 Chestnut Ave.

Remarks.

[illegible]

RETURN OF A BIRTH. 52663

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female).....Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Dec. 29, 1893

4. *Place of Birth, (Street and Number).* 836 Grand St

5. Full Name of Mother, Amie Davis

6. *Mother's Maiden Name,* 86990

7. Mother's Birthplace, Glanville, N.Y.

8. Full Name of Father, Lewis Davis

9. Father's Occupation *Carbon man*

10. Father's Birthplace, Petersburg, Fred. Co. Md.

Name of Medical Attendant, or other person who makes this Return, Mary C. Quinn

Address 913 Parrish Allen

Remarks,

the said schedule shall be delivered to the physician or practitioner in the form of a certificate between the third day of each and every month to the physician or practitioner on duty at the time the child in question is born or, immediately thereafter, it shall become the duty of the parents of such child in person or persons who shall hereafter be born to them, in the manner and within the period above provided for in the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense, to be recovered in other due and lawful manner recoverable.

8 9 3 0 0 0 4 8 9 9

any child, if any shall be
the full name of each child, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance, the birth of such child shall be reported to the Commissioner of Health by the parents of such
child to report its birth to the Commissioner of Health, in the manner and within the time provided for in such
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52664

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Black
3. Date of Birth, Dec 20th 1893
4. Place of Birth, (Street and Number) 443 Little Monument St
5. Full Name of Mother, Liza Halliday
6. Mother's Maiden Name, Liza Hugley
7. Mother's Birthplace, Salto Co Md
8. Full Name of Father, Chas Halliday
9. Father's Occupation, Laborer
10. Father's Birthplace, Salto Co Md
- Name of Medical Attendant, or other person who makes this Return. Wilmer Brimley M.D.
- Address, Md Lying in Hospital
- Remarks, _____

RETURN OF A BIRTH. 52665- To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Dec 30/93

4. Place of Birth, (Street and Number) 625 Annapolis St

5. Full Name of Mother, Minnie B Williams

6. Mother's Maiden Name, Wilson

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Nelson W Williams

9. Father's Occupation, Mail Collector

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, J. O. Leland or other person who makes this Return

Address, 420 N. Pine St

Remarks,

0930004701

5.2667

No. of Child of Mother, (~~date whether~~ 1st, 2d, 3d, &c.)

10. *Father's Birthplace,*

Address, _____
Remarks, ... L.O.A. No Signature.

any person or persons who shall hereafter be convicted of the crime of kidnapping, shall be liable to a fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recovered under this act.

RETURN OF A BIRTH. 52668

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child.
 1. Sex, (state whether male or female) Female.
 2. Race or Color, (if not of the white race) Black.
 3. Date of Birth, Dec. 30. 1893.
 4. Place of Birth, (Street and Number) Md. Lying In Hosp.
 5. Full Name of Mother, Clara Church.
 6. Mother's Maiden Name, " "
 7. Mother's Birthplace, Baltimore Md.
 8. Full Name of Father, Art J. J. J.
 9. Father's Occupation, Printer
 10. Father's Birthplace, " "
 Name of Medical Attendant, (or other person who makes this Return) Wm. B. B. B.
 Address, Md. Lying In Hospital
 Remarks, _____

1-8-9-3-0-0-0-4-9-0-4

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father.*

9. *Father's Occupation*10. *Father's Birthplace*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks,

6 9 5 0 0 0 4 9 0 4

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name - *Harry Duncan Ensor*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Dec 27th 1893*

4. Place of Birth, (Street and Number) *Lincoln Ave & Biddle St.*

5. Full Name of Mother, *Mrs. Laughrey Ensor*

6. Mother's Maiden Name, *Mrs. Laughrey*

7. Mother's Birthplace, *Balt.*

8. Full Name of Father, *Harry H. Ensor*

9. Father's Occupation, *Motorman*

10. Father's Birthplace, *Balt.*

Name of Medical Attendant, or other person who makes this Return, *J. D. L. G. L. G. L.*

Address, *1214 Lincoln Ave.*

Remarks,

It is the duty of the Registrar of Vital Statistics, Board of Health, to ascertain the full name and occupation of the person who makes this Return, and to certify the same to the Registrar of Vital Statistics, Board of Health, Baltimore City. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present at the birth of the child, the person who shall be present at the birth of the child shall report the same to the Registrar of Vital Statistics, Board of Health, Baltimore City, and shall be subject to the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered to the mother within the month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or of a nurse, the person or persons of such attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, and if they fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 10-23-57
RETURN OF A BIRTH. 52672

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Frederick Edwin Meister

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1225

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 31 1893

4. Place of Birth, (Street and Number) 930 Hanover st

5. Full Name of Mother, Laura Meister

6. Mother's Maiden Name, Hass

7. Mother's Birthplace, Balto city

8. Full Name of Father, Frederick J. Meister

9. Father's Occupation, Clothing Printer

10. Father's Birthplace, Balto city

Name of Medical Attendant, or other person who makes this Return, Fredk J. Meister

Address,

Remarks,

and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been con-
ferred, before birth, the full name and occupation of its parents, the date and place of birth, and the date of its
death, if any shall have died, the date and place of death, and the date of its burial, and the date of its
each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without
the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the
mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to
the Commissioner of Health, in the manner and within the period above required, and any such person or persons
who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars
for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH ⁵²⁶⁷³

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *first*

1. Sex (state whether male or female), *Male*

2. Race or Color (if not of the white race), *White*

3. Date of Birth, *Dec 31 1893*

4. Place of Birth (Street and Number), *1720 Williams St*

5. Full Name of Mother, *Mary Skipper*

6. Mother's Maiden Name, *Mary Gardner*

7. Mother's Birthplace, *Balto*

8. Full Name of Father, *Samuel Skipper*

9. Father's Occupation, *Boiler Maker*

10. Father's Birthplace, *Balto*

Name of Medical Attendant, or other person who makes this Return, *Mrs E Donaldson*

Address, *1811 Westphall Place*

Remarks, *Mother and child are being well*

been concerned its sex, color, the full name and occupation of its parents, the date and place of birth, and the date and place of its adoption, shall be delivered, if signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child is reported to the Commissioner of Health by a person other than the practitioner, the person so reporting shall be required to produce satisfactory evidence upon the mother immediately thereafter. It shall become the duty of the person so required to produce such evidence to produce the same to the Commissioner of Health. In the manner and within the period above required, and in the manner and within the period above required, any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52674

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Jannie Burnstein 4th
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Dec 31 93
4. Place of Birth, (Street and Number) 503 Ensor Str
5. Full Name of Mother, Dora Burnstein
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Nathan Burnstein
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Europe
Name of Medical Attendant, or other person who makes this Return, Mrs. Lucie Burnstein
Address, 122 S. Exeter Str
Remarks,

0 9 3 0 0 0 4 2 1 0

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52676

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1 Child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *Black,*
3. Date of Birth, *Dec. 31, 1893.*
4. Place of Birth, (Street and Number) *Md. Lying in Hospital.*
5. Full Name of Mother, *Bona Miller*
6. Mother's Maiden Name, *"*
7. Mother's Birthplace, *Baltimore, Md.*
8. Full Name of Father, *Not known*
9. Father's Occupation, *"*
10. Father's Birthplace, *"*
- Name of Medical Attendant, or other person who makes this Return, *Wahner Barton, M.D.*
- Address, *Md. Lying in Hospital.*
- Remarks, *"*

any child shall have
said schedule shall be delivered, due to the name and occupation of its parents, the date and place of birth, and
third day of each and every month to the officer, practitioner in the form of a certificate between the first and
shall occur without the attendance of a physician or practitioner of medicine, and no other person be in
child to be born, immediately thereafter it, shall become the duty of the parents of such child to cause the
any such person or persons to be liable to the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 31 December
4. Place of Birth, (Street and Number) 409 South Bond St
5. Full Name of Mother, Annie Schuman
6. Mother's Maiden Name, Annie Schlereth
7. Mother's Birthplace, Kentucky
8. Full Name of Father, Franz Schuman
9. Father's Occupation, Basket Maker
10. Father's Birthplace, Germany
- Name of Medical Attendant, or other person who makes this Return, Mrs Schuman
- Address, 409 South Bond St
- Remarks, _____

8930004913

RETURN OF A BIRTH. 52678

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Black*

3. Date of Birth, *December 31st 1893*

4. Place of Birth, (Street and Number) *932 Vincent St.*

5. Full Name of Mother, *Angelina Watkins*

6. Mother's Maiden Name, *Angelina Johnson*

7. Mother's Birthplace, *Randalltown Balto. Co. Md.*

8. Full Name of Father, *Benjamin Watkins*

9. Father's Occupation, *Driver Wagon*

10. Father's Birthplace, *Baltimore Md*

Name of Medical Attendant, or other person who makes this Return, *Charles R Davis M.D.*

Address, *930 N Carrollton av.*

Remarks,

8930004914

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such class to attend the mother and child, and within the period above required, and any such person or persons who shall hereafter fail to do so shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 52679

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 722 A. Durham St 4th child
1. Sex, (state whether male or female) Colored Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Dec 1st 1893
4. Place of Birth, (Street and Number) No. 722 A. Durham St
5. Full Name of Mother, Mary Alice Lockins
6. Mother's Maiden Name, Mary Alice Thompson
7. Mother's Birthplace, St. Marys Co Md
8. Full Name of Father, James W. Lockins
9. Father's Occupation, Tailor
10. Father's Birthplace, Archers Cr CC Md
- Name of Medical Attendant, or other person who makes this Return, Mrs. Thickett
- Address, 715 A. Durham St
- Remarks, Good Attendance

Every child, at the time of its birth, shall have its sex, color, the full name and occupation of its parents, the date and place of birth; and the name of the physician or practitioner in the form of a certificate between the first and third day of each and every month, shall be reported to the Commissioner of Health. In case the birth of any child shall occur within the jurisdiction of the Commissioner of Health, it shall become the duty of the physician or practitioner, immediately thereafter, to report the birth of such child to the Commissioner of Health, and to comply with the provisions of this section, and any such person or persons who shall be found to have failed to comply with the provisions of this section, shall be liable to the fine of ten (\$10) dollars for each offence, to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH. 52681

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *December 2, 1893.*
4. Place of Birth, (Street and Number) *No. 1920 Harford ave.*
5. Full Name of Mother, *Eliza Tucker*
6. Mother's Maiden Name, *Eliza Sadler.*
7. Mother's Birthplace, *Maryland.*
8. Full Name of Father, *Clarence A. Tucker.*
9. Father's Occupation, *Conductor*
10. Father's Birthplace, *Maryland.*
- Name of Medical Attendant, or other person who makes this Return, *Dr. R. Blewell M.D.*
- Address, *1741 Harford ave.*
- Remarks,

8930004917

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third.*

1. Sex, (state whether male or female)..... *Female*

2. Race or Color, (if not of the white race) - White

3. Date of Birth, December 2, 1893

4. Place of Birth, (Street and Number) - 212 car Quintana & Clover St.

5. Full Name of Mother, Ann Martin

6. Mother's Maiden Name, Esther Fowler

7. Mother's Birthplace, Engl
Irish Land

8. Full Name of Father, James C. Hartman

9. Father's Occupation..... Carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address, _____

Remarks.

8 9 3 U 0 0 4 9 1 9

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, the date of its death, and every month to a physician or practitioner of health. In case of the first child born to a mother, the physician or practitioner of health, shall become the duty, or should no other person be in attendance upon the mother, to immediately thereupon, in the presence of the person or persons who shall be in attendance upon the mother, and within the period above required, file a statement of the birth of such child in the office of the Registrar of Vital Statistics, and if such statement is not so filed, such person or persons shall be subject to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52684

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 *Childless*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *December 14th*
4. Place of Birth, (Street and Number) *Baltimore Lexington No 2117*
5. Full Name of Mother, *Mary MacLusker*
6. Mother's Maiden Name, *Mary O'Connell*
7. Mother's Birthplace, *Ireland*
8. Full Name of Father, *William A MacLusker*
9. Father's Occupation, *Wholiter*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return, *Mrs Mary Giff*
- Address, *2112 Voss St*
- Remarks, *This is to certify to the foregoing knowledge*

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of a child occurs without the attendance of a physician or practitioner of midwifery, or should no other person be present, the person so attending shall immediately thereafter report the birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52685

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec. 7

4. Place of Birth, (Street and Number) 1152 Lombard St.

5. Full Name of Mother, Rose Lance

6. Mother's Maiden Name, —

7. Mother's Birthplace, Ind

8. Full Name of Father, —

9. Father's Occupation, —

10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return, C. S. Keer

Address, 1152 Lombard St.

Remarks, —

8930004921

the full name and occupation of its parents, the date and place of birth; and the third day of such month, if any shall have been delivered, duly signed by the practitioner in the form of a certificate between the first and second day of such month, or the day of the birth of a child, if the birth of any child shall occur without the attendance of a physician or a midwife, and no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the practitioner to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Nov 2

4. Place of Birth, (Street and Number)

St. Vincent's Infant Asylum

5. Full Name of Mother,

Fannie Brown

6. Mother's Maiden Name,

*

7. Mother's Birthplace,

Eng

8. Full Name of Father,

Not known

9. Father's Occupation

u

10. Father's Birthplace,

Name of Medical Attendant,

or other person who makes this Return,

D. L. Hone

Address,

Remarks,

8930004922

and the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and second day of the month, and every month to the office of the Commissioner of Health. In case the child is born at a place other than the residence of the mother, or at a place where the mother is not, the practitioner shall report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52687

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 8, 1893
4. Place of Birth, (Street and Number) Md. Lying in Hospital
5. Full Name of Mother, Fannie Hipkin
6. Mother's Maiden Name, Baltimore, Md.
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Prof. Henry Wehmer Brinton, M.D.
9. Father's Occupation, Md. Lying in Hospital
10. Father's Birthplace, Md. Lying in Hospital
- Name of Medical Attendant, or other person who makes this Return, Md. Lying in Hospital
- Address, Md. Lying in Hospital
- Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

52689

Every child born in Baltimore City shall be reported to the Registrar of Vital Statistics by the mother or other person who has the custody of the child, within three days after its birth, and the mother or other person who has the custody of the child shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 3rd 1893

4. Place of Birth, (Street and Number) #52 Walbert Ave

5. Full Name of Mother, Annie Erickson

6. Mother's Maiden Name, Carstensen

7. Mother's Birthplace, Germany

8. Full Name of Father, Broder P. Erickson

9. Father's Occupation, Fireman

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Dr. Warriner

Address, #811 Jefferson Ave Waverly

Remarks, _____

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother.

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address, No 506. 4. High St.

Remarks. ---

~~8930004926~~

and schedule shall be returned, duly filled out, to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, and to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52691

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd kind

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Bel. Vaj

3. Date of Birth, 4 December

4. Place of Birth, (Street and Number) St. Bond St. 825

5. Full Name of Mother, Marie Ratajcek

6. Mother's Maiden Name, Tedoušek

7. Mother's Birthplace, Praha

8. Full Name of Father, Tomas Ratajcek

9. Father's Occupation, carpenter

10. Father's Birthplace, Praha

Name of Medical Attendant, or other person who makes this Return, Marie Orel.

Address, St. Bond St.

Remarks, _____

6930004927

RETURN OF A BIRTH. 52692

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*4. *Place of Birth, (Street and Number)*

5. Full Name of Mother, :-

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return

Address,

Remarks,

0 4 3 0 0 0 4 9 2 8

Wm. J. C. Hulany Co., City Printers and Stationers.

RETURN OF A BIRTH

GIVEN NAME ADDED

10-3-55

52693

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Alice Phillips

1. Sex, (state whether male or female)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother.*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father, -

9. *Father's occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return

Address, 1835 E. Balto. St.

Remarks.

~~8933004929~~

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First -

1. Sex, (state whether male or female)

Ferrate

2. Race or Color, (if not of the white race).

White—

3. *Date of Birth,*

Dec. 4

4. *Place of Birth, (Street and Number)*

115 W. Lombard St

5. Full Name of Mother,

Bessie Cochran

6. *Mother's Maiden Name.*

7. *Mother's Birthplace.*

Mr

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

C. S. Murr

Address.

115th Street and H -

Remarks, ...

8 9 3 0 0 0 4 9 3 0

any person who shall have said schedule shall be delivered, duly signed by the parent, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present at the birth, the parent or person who shall be present at the birth shall be liable to the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52695

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 4, 1893.

4. Place of Birth, (Street and Number) 1723 Park Ave

5. Full Name of Mother, Margaret Skinner

6. Mother's Maiden Name, " Linton

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Thomas Skinner

9. Father's Occupation, Clerk

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. Robt Phillips

Address, 75.7 N. Lexington St

Remarks, _____

8930004931

said schedule shall be delivered, duly signed by the parent or guardian of the child, to the Registrar of Vital Statistics, on or before the third day of each and every month in which the birth of a child shall occur, without the attendance of a physician or practitioner of midwifery, in case the birth of any child shall occur upon the mother, immediately thereafter it shall become the duty of the period above recited of such child to be reported to the Registrar of Vital Statistics, in the manner and within the period above recited of such any such person or persons who shall fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52696

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *5 Dec.*
4. Place of Birth, (Street and Number) *808 Maryland Ave*
5. Full Name of Mother, *Maggie Magan*
6. Mother's Maiden Name, *Maggie McCombs*
7. Mother's Birthplace, *Cal.*
8. Full Name of Father, *Pat Magan*
9. Father's Occupation, *Engineer*
10. Father's Birthplace, *Baltimore Md.*
- Name of Medical Attendant, or other person who makes this Return, *Mrs. S. Smith midwife.*
- Address, *No 510 E. High St.*
- Remarks,

1 8 9 3 0 0 0 4 9 3 2

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female). *Male*

2. Race or Color, (if not of the white race) - Colored

3. *Date of Birth.* 1902.

4. Place of Birth, (Street and Number) 114 St Paul Ave

5. Full Name of Mother, *Esther Hill*

6. *Mother's Maiden Name,* Carroll

7. Mother's Birthplace, Calif

8. Full Name of Father, James Hill

9. Father's Occupation Teacher

10. Father's Birthplace, *Baile*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

[illegible]

shall be delivered, duly signed by the practitioner in the form of a certificate between the date and place of birth of the child, and the date and place of birth of the mother, and every month to the office of the Commissioner of Health. In case the birth of any child shall occur within the month of the birth of the mother, or the birth of the mother shall occur within the month of the birth of the child, the practitioner shall immediately report the birth of the child to the Commissioner of Health, in the manner and with the effect herein provided. Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 52698

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race),
3. Date of Birth, Dec 7, 1893
4. Place of Birth (Street and Number), 121 S. Calhoun
5. Full Name of Mother, Grace P. Forrest
6. Mother's Maiden Name, Helen King
7. Mother's Birthplace, Balto
8. Full Name of Father, Wesley Forrest
9. Father's Occupation, Iron Moulder
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Edward J. London M.D.
1403 W. Fayette St

and schedule shall be delivered, duly signed by the practitioner in the third day of each and every month to the officer in charge of the birth of any child shall occur without the practitioner or practitioner of midwifery, or should the birth of any child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act shall be liable to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52700

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colos
3. Date of Birth, Dec 8 1893
4. Place of Birth, (Street and Number) 1014 Park ally
5. Full Name of Mother, Hannie Borge
6. Mother's Maiden Name, Hannie Holmes
7. Mother's Birthplace, Virginia
8. Full Name of Father, Marshall Borge
9. Father's Occupation, Labos
10. Father's Birthplace, Colbert court 2nd
- Name of Medical Attendant, or other person who makes this Return, Mary L Borge
- Address, 913 Terrish ally
- Remarks, _____

8930004936

been conferred by the State or the United States, the full name of each child, if any shall have been conferred, the sex, color, the full name and occupation of its parents, the date of birth; and the third day of each and every year thereafter, until signed by the practitioner in the form of a certificate bearing the signature of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, it shall become the duty of such person or persons upon the mother, immediately thereafter, to comply with the provisions of this section, so far as such person or persons are able to do so, to report the birth of such child to the nearest health officer designated by law to receive such reports, and to pay to said officer the sum of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDRESS 5-6-60

52701

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Otho Hanson Seal

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 2nd

1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Dec. 11th 1893*
4. Place of Birth, (Street and Number) *18 N. Pat. Park Ave.*
5. Full Name of Mother, *Annie Virginia Seal*
6. Mother's Maiden Name, *Keys*
7. Mother's Birthplace, *City*
8. Full Name of Father, *Otho H. Seal*
9. Father's Occupation, *Clerk*
10. Father's Birthplace, *Winchester Va.*
Name of Medical Attendant, or other person who makes this Return, *E. P. Trous. M.D.*
Address, *1835 - E. Baltimore St.*

Remarks,

8 9 3 0 0 0 4 9 3 7

new certificate shall be ascertained, the full name of each child, (if any shall have been born), its sex, color, the full name and occupation of its parents, the date and place of birth, and the date of its birth, shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth occurs on the first day of each and every month to the office of the Commissioner of Health, the practitioner shall occur without the attendance of a physician or practitioner, and shall come the duty of the person or persons of such attendance upon the mother, immediately to report the birth to the office of the Commissioner of Health, in the manner and within the period above required, and any person who fails to do so shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52702

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 12

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race)

3. Date of Birth, 1 December

4. Place of Birth, (Street and Number) 1207 Jackson St

5. Full Name of Mother, Mary Larkins

6. Mother's Maiden Name, McRay

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James Larkins

9. Father's Occupation, Merchant

10. Father's Birthplace, Delaware

Name of Medical Attendant, or other person who makes this Return, Mrs. A. M. Larkins

Address, 1512 E. Lexington

Remarks,

third day of each month, shall be delivered, duly signed by the practitioner in the form of a certificate, to the Registrar of Vital Statistics, Baltimore City, and the said certificate shall be filed in the office of the Registrar. If the child is born at home, the birth of the child shall be reported to the Registrar by the mother, immediately thereafter, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 4-17-59
RETURN OF A BIRTH 52703

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Robert James Weinham

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 11th 1893

4. Place of Birth, (Street and Number) Cor. Moore & Waterato Sts.

5. Full Name of Mother, Marnie Weinham

6. Mother's Maiden Name, Marnie Hoof

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Andrew Weinham

9. Father's Occupation, Conductor on Street Cars

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Charlie R. Gorn M.D.

Address, 930 Carrollton Ave.

Remarks,

8930004939

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the
day of each, and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur on the day of the physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediate attention shall be given to the child, and the birth of any child
child to report its birth to the Commissioner of Health. In the manner and within the provisions of such
any such person or persons who shall hereafter fail to comply with the provisions of this section, and
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED. 1-13-52
RETURN OF A BIRTH. 52705

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Lillian Agnes Miller
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 14 Dec. 1893
4. Place of Birth, (Street and Number) 1200 E. Canton St.
5. Full Name of Mother, Ella Miller
6. Mother's Maiden Name, Ella Medel
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Sam. Miller
9. Father's Occupation, Farmer
10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other person who makes this Return, Dr. K. Carson
Address, 213 E. North St.
Remarks, Having Died

8 9 3 0 0 4 9 4 1

This certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child occurs without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the parent or parents of such child shall be liable to a fine of ten dollars for each and every child so born, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Kind

1. Sex, (state whether male or female)

Name: Peter H. Blum

Male

M.

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

15 December

4. Place of Birth, (Street and Number)

Eisenhower 302

5. Full Name of Mother,

Anna (Emie) Blum

Blum

6. Mother's Maiden Name,

Anna Bleisteyer

(Bleisteyer)

7. Mother's Birthplace,

Poland

8. Full Name of Father,

Heinrich Blum

9. Father's Occupation,

Teacher

10. Father's Birthplace,

Poland

Name of Medical Attendant, or other person who makes this Return,

Dr. H. H. H. H.

Address,

12 Bond St. 838

Remarks,

1 8 9 3 0 0 0 4 9 4 2

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)..... *male*

2. Race or Color, (if not of the white race)..... *White*

3. *Date of Birth.*

4. *Place of Birth.* (Street and Number

5. Full Name of Mother.

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. Father's Occupation

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

6 9 3 0 0 0 4 9 4 3

[illegible]

any such person or persons who shall neglect to comply with the provisions of this section shall be subject to a fine of not less than \$10 nor more than \$50 for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *4th Child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth. *Dec. 23, 1893*
4. Place of Birth, (Street and Number) *1508 S. Charles St*
5. Full Name of Mother, *Laura Bowman*
6. Mother's Maiden Name, *Laura Hubert*
7. Mother's Birthplace, *Balti*
8. Full Name of Father, *John Bowman*
9. Father's Occupation, *Cigar maker*
10. Father's Birthplace, *Balti*
Name of Medical Attendant, or other person who makes this Return, *Dr. R. Crosby*
Address, *213 E. Heath St*
Remarks, *Young Child*

18930004944

RETURN OF A BIRTH. 52709

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 30 1893

4. Place of Birth, (Street and Number) 1712 Lexington St

5. Full Name of Mother, Mary Kane

6. Mother's Maiden Name, Mary Kane

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Kane

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary E. Preegoy

Address, 1903 Bough St

Remarks,

18930004945

Said certificate shall be delivered, duly signed by the name and occupation of its parents, the date and place of birth, and the name of the medical attendant, to the Registrar of Vital Statistics, Baltimore City, within the time specified in the certificate. The Registrar of Vital Statistics, Baltimore City, shall cause the birth of any child to be recorded in the birth register, and shall issue a certificate of birth to the parents of the child, or to the physician or practitioner of medicine, or to the mother of the child, or to the father of the child, or to the child, or to any other person who may be entitled to the same. The Registrar of Vital Statistics, Baltimore City, shall also cause the death of any child to be recorded in the death register, and shall issue a certificate of death to the parents of the child, or to the physician or practitioner of medicine, or to the mother of the child, or to the father of the child, or to the child, or to any other person who may be entitled to the same. The Registrar of Vital Statistics, Baltimore City, shall also cause the marriage of any person to be recorded in the marriage register, and shall issue a certificate of marriage to the parties to the marriage, or to any other person who may be entitled to the same. The Registrar of Vital Statistics, Baltimore City, shall also cause the adoption of any child to be recorded in the adoption register, and shall issue a certificate of adoption to the adoptive parents of the child, or to any other person who may be entitled to the same. The Registrar of Vital Statistics, Baltimore City, shall also cause the burial of any person to be recorded in the burial register, and shall issue a certificate of burial to the person who caused the burial, or to any other person who may be entitled to the same. The Registrar of Vital Statistics, Baltimore City, shall also cause the cremation of any person to be recorded in the cremation register, and shall issue a certificate of cremation to the person who caused the cremation, or to any other person who may be entitled to the same. The Registrar of Vital Statistics, Baltimore City, shall also cause the interment of any person to be recorded in the interment register, and shall issue a certificate of interment to the person who caused the interment, or to any other person who may be entitled to the same. The Registrar of Vital Statistics, Baltimore City, shall also cause the exhumation of any person to be recorded in the exhumation register, and shall issue a certificate of exhumation to the person who caused the exhumation, or to any other person who may be entitled to the same. The Registrar of Vital Statistics, Baltimore City, shall also cause the removal of any person to be recorded in the removal register, and shall issue a certificate of removal to the person who caused the removal, or to any other person who may be entitled to the same. The Registrar of Vital Statistics, Baltimore City, shall also cause the transportation of any person to be recorded in the transportation register, and shall issue a certificate of transportation to the person who caused the transportation, or to any other person who may be entitled to the same. The Registrar of Vital Statistics, Baltimore City, shall also cause the disposal of any person to be recorded in the disposal register, and shall issue a certificate of disposal to the person who caused the disposal, or to any other person who may be entitled to the same. The Registrar of Vital Statistics, Baltimore City, shall also cause the burial of any person to be recorded in the burial register, and shall issue a certificate of burial to the person who caused the burial, or to any other person who may be entitled to the same. The Registrar of Vital Statistics, Baltimore City, shall also cause the cremation of any person to be recorded in the cremation register, and shall issue a certificate of cremation to the person who caused the cremation, or to any other person who may be entitled to the same. The Registrar of Vital Statistics, Baltimore City, shall also cause the interment of any person to be recorded in the interment register, and shall issue a certificate of interment to the person who caused the interment, or to any other person who may be entitled to the same. The Registrar of Vital Statistics, Baltimore City, shall also cause the exhumation of any person to be recorded in the exhumation register, and shall issue a certificate of exhumation to the person who caused the exhumation, or to any other person who may be entitled to the same. The Registrar of Vital Statistics, Baltimore City, shall also cause the removal of any person to be recorded in the removal register, and shall issue a certificate of removal to the person who caused the removal, or to any other person who may be entitled to the same. The Registrar of Vital Statistics, Baltimore City, shall also cause the transportation of any person to be recorded in the transportation register, and shall issue a certificate of transportation to the person who caused the transportation, or to any other person who may be entitled to the same. The Registrar of Vital Statistics, Baltimore City, shall also cause the disposal of any person to be recorded in the disposal register, and shall issue a certificate of disposal to the person who caused the disposal, or to any other person who may be entitled to the same.

RETURN OF A BIRTH. 52716

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 30, 1893

4. Place of Birth, (Street and Number) Mount Washington

5. Full Name of Mother, Day

6. Mother's Maiden Name, Grafflin

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Ira Day

9. Father's Occupation, Book Keeper

10. Father's Birthplace, _____

Name of Medical Attendant, or other person who makes this return, B. B. Browne M. D.

Address, 1218 Madison Ave

Remarks, _____

6930004946

RETURN OF A BIRTH. 52712 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th
- Sex, (state whether male or female) Male
 - Race or Color, (if not of the white race) colored
 - Date of Birth, 1427 Anthony st
 - Place of Birth, (Street and Number) Dec. 8th 1893
 - Full Name of Mother, Jane Thomas
 - Mother's Maiden Name, Barrie
 - Mother's Birthplace, Harford Co. Md
 - Full Name of Father, Edward Thomas
 - Father's Occupation, Barber
 - Father's Birthplace, Penn.
 - Name of Medical Attendant, or other person who makes this Return, E. B. Fenby, M.D.
 - Address, 1219 N. Caroline st.
 - Remarks,

18930004948

RETURN OF A BIRTH. 52713

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) 9th Dec 1893

3. Date of Birth, 1035 N Dallas St

4. Place of Birth, (Street and Number) Annie Sheldon

5. Full Name of Mother, " Mc Donnell

6. Mother's Maiden Name, Ireland

7. Mother's Birthplace, William Sheldon

8. Full Name of Father, Salmon

9. Father's Occupation, Balto

10. Father's Birthplace, Mrs Julia Croome

Name of Medical Attendant, or other person who makes this Return, 944 N Gay St

Address, _____

Remarks, _____

893-0004949

RETURN OF A BIRTH. 52714

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd 52727

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 11th 1893.

4. Place of Birth, (Street and Number) 2017 E. Preston st.

5. Full Name of Mother, Maggie Thompson

6. Mother's Maiden Name, Smith

7. Mother's Birthplace, city

8. Full Name of Father, Wm. D. Thompson

9. Father's Occupation, Bricklayer

10. Father's Birthplace, city

Name of Medical Attendant, or other person who makes this Return, E. B. Penby, M. D.

Address, 1219 N. Caroline st.

Remarks,

18930004950

RETURN OF A BIRTH. 52713-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race)...

3. Date of Birth, *Dec. 17th 1893*

4. Place of Birth, (Street and Number) 562 Mosher St.

5. Full Name of Mother, Mrs. Mary E. F.

6. Mother's Maiden Name, Miss Mary E. Green

7. Mother's Birthplace, Westmoreland Co. Pa.

8. Full Name of Father, Mr. Robert H. Hunt

9. Father's Occupation Public Prob

10. Father's Birthplace, *Lancaster Co Va*

Name of Medical Attendant, or other person who makes this return, Yusef Lachgar

Address, 2206 Etting St Wash D.C. Sept

Remarks, *Walt. Ind*

893004951

and schedule shall be delivered, duly signed by the declarant, to the Registrar of the Office of Health, in the form of a certificate between the first and third day of each and every month to the office of the Registrar of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the Registrar of Health shall be notified by the mother, immediately thereafter it shall become the duty of the Registrar of Health to cause the birth of such child to be reported to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars, for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52716

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 64

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, Dec 20th 1893

4. Place of Birth, (Street and Number) 1742 Belair Ave.

5. Full Name of Mother, Margaret Brandel

6. Mother's Maiden Name, Hameland

7. Mother's Birthplace, Germany

8. Full Name of Father, John H Brandel

9. Father's Occupation, Brewery

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Julia Groome

Address, 944 N Gay St

Remarks,

said schedule shall be delivered, duly signed by the practitioner or his parent, the date and place of birth; and the fee for each and every month to the office of the Commissioner of Health. If no certificate between the first and third months of the attendance of a physician or practitioner of midwifery, or without no others, shall be presented upon the birth of a child, it shall become the duty of the person or persons, or be in child, to report its birth to the Commissioner thereof. It shall neither be the duty of the person or parents, or of any such person or persons who shall sign hereafter for any reason, to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered, as the provisions of this section shall be enforceable, in any place and otherwise.

RETURN OF A BIRTH.

CERTIFICATE CORRECTED 2-3-54

52717

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Thomas Guy Jacobs

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Dec 30th 1893

4. Place of Birth, (Street and Number) 1531 N Broadway

5. Full Name of Mother, Margaret Margaret A. (Rock) Jacobs

6. Mother's Maiden Name, Ann J. Stevenson

7. Mother's Birthplace, Balt

8. Full Name of Father, Robert F Backus Jacobs

9. *Father's Occupation*..... *Printer*

10. Father's Birthplace, New York

Name of Medical Attendant, or other person who makes this Return. *Mr. Salic, Surgeon*

Address,

Remarks.

any child have
the date and place of birth: and the
in case the birth of any child
should no other person be in
the duty of the
in the manner and within the period above required, and
of this section shall be sub-
other fines and forfeitures are recoverable

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant,

Address,

Remarks,

or other person who
makes this Return.

1 8 9 3 0 0 4 9 5 4

RETURN OF A BIRTH. 52720

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 22 1893

4. Place of Birth, (Street and Number) 708 E. Lombard St.

5. Full Name of Mother, Emma Finsell

6. Mother's Maiden Name, Buchberg

7. Mother's Birthplace, Prussia

8. Full Name of Father, Wolf Finsell

9. Father's Occupation, Clerk, Keeper

10. Father's Birthplace, Prussia

Name of Medical Attendant, or other person who makes this return, J. E. Thompson

Address, 42 W. Monument St.

Remarks.

Every person, of any race or color, who is the mother of a child, shall have the name of each child, of age, shall have the name of the father, the date of birth, and the date of death, of each child, and shall file a return of the same with the Registrar of Vital Statistics, Board of Health, Baltimore City, within the time specified in the regulations of the Board of Health. In case the birth of any child shall occur without the attendance of a physician, the mother shall be liable to a fine of ten dollars, and shall be liable to a fine of ten dollars for each child so born, if she shall fail to comply with the provisions of this section. If the mother shall become the owner of a child, she shall be liable to a fine of ten dollars for each child so born, if she shall fail to comply with the provisions of this section. If the mother shall become the owner of a child, she shall be liable to a fine of ten dollars for each child so born, if she shall fail to comply with the provisions of this section. If the mother shall become the owner of a child, she shall be liable to a fine of ten dollars for each child so born, if she shall fail to comply with the provisions of this section.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....27

1. Sex, (state whether male or female).....

2. Race or Color, (if not of the white race) — White

3. *Date of Birth*, 2 Dec 1893

4. *Place of Birth, (Street and Number)* - 20 - 12 - 1917

5. Full Name of Mother, Edna Perkins

6. Mother's Maiden Name, - Elizabeth

7. *Mother's Birthplace*, Germany

8. Full Name of Father, Charles W. Gribble

9. Father's Occupation..... *6* *Trailer*

10. *Father's Birthplace,* _____

Name of Medical Attendant, or other person who makes this Return. James C. Taylor

Address..... *1000 Columbia St*

Remarks, .

with schedule shall be delivered, and the name and occupation of its parents, the date and place of birth, and the time of day of each and every month of the year, shall be signed by the practitioner in the form of a certificate between the birth of any child and the attendance upon the mother, immediately thereafter it shall become and within the provisions of this section are recoverable.

RETURN OF A BIRTH. 53722

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City. 53723

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)—D—
1. Sex, (state whether male or female)—Female—*Female*
2. Race or Color, (if not of the white race)—White—*White*
3. Date of Birth, 2 Dec 1893
4. Place of Birth, (Street and Number)—77 E. Lombard St.
5. Full Name of Mother, Lena Gutzky
6. Mother's Maiden Name, Jack
7. Mother's Birthplace, Russia
8. Full Name of Father, Louis Gutzky
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia
- Name of Medical Attendant, or other person who makes this Return, E. Sherman
- Address, 22 E. Main St.
- Remarks,

5930004950

RETURN OF A BIRTH. 52724

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Charles Lloyd Hopkins Fourth
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, Dec 12 1893
 4. Place of Birth, (Street and Number) 1725 M Condoz St
 5. Full Name of Mother, Carrie Heelup
 6. Mother's Maiden Name, Carson
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, Robert L. Heelup
 9. Father's Occupation, Bookkeeper & Organist
 10. Father's Birthplace, Baltimore Md
- Name of Medical Attendant, or other person who makes this Return, John Hoff MD
- Address, 701 A Conover St
- Remarks,

1 8 9 3 0 0 0 4 9 5 9

When completed, its sex, color, the full name and occupation of its parents, the date and place of birth, and the date of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur, the parent or parents shall be liable to report its birth to the Commissioner of Health, in the manner and within the period above specified, and any such parent or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

52724

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. Date of Birth,

4. Place of Birth, (Street and Number).

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8930004960

GIVEN NAME ADDED - 11/11/70

RETURN OF A BIRTH. 52727

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: ESTHER KRAMER

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, 22 Dec 1903
 4. Place of Birth, (Street and Number) 202 Harrison St
 5. Full Name of Mother, Estelle Kramer
 6. Mother's Maiden Name, Elliott
 7. Mother's Birthplace, Russia
 8. Full Name of Father, Jacob Kramer
 9. Father's Occupation, Stone Keeper
 10. Father's Birthplace, Russia
- Name of Medical Attendant, or other person who makes this Return, Dr. J. C. Johnson
- Address, 22 Harrison St
- Remarks,

8930684962

RETURN OF A BIRTH. 52728

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 22 Dec 893
4. Place of Birth, (Street and Number) 22 Harrison St.
5. Full Name of Mother, Esther Frankel
6. Mother's Maiden Name, Kommers
7. Mother's Birthplace, Russia
8. Full Name of Father, Samuel Frankel
9. Father's Occupation, Store-keeper
10. Father's Birthplace, Russia
- Name of Medical Attendant, or other person who makes this Return, E. Schuman
- Address, 22 Astorville St.
- Remarks, _____

RETURN OF A BIRTH. 52729

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Every person who has charge of any child, or any child, shall have the name and occupation of the parents, the date and place of birth, and the date of delivery, duly registered in the office of the Commissioner of Health. In case the birth of any child is reported to the office of the Commissioner of Health, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, and to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 22 Dec 1893

4. Place of Birth, (Street and Number) 22 Chesaire St.

5. Full Name of Mother, Lena O. Schmidt

6. Mother's Maiden Name, Reich

7. Mother's Birthplace, Russia

8. Full Name of Father, Wm. W. Schmidt

9. Father's Occupation, Tailor

10. Father's Birthplace, Prussia

Name of Medical Attendant, or other person who makes this Return, E. Schuman

Address, 22 Chesaire St.

Remarks, _____

any shall have
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the lines
said day of each and every month to the office of the Commissioner of Health. In case the birth of any child
attendant, who shall be a physician or practitioner of midwifery, or should no other person be in
child to report its birth to the Commissioner of Health, in the absence of the medical attendant, the
any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52730

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 23 Dec 1893

4. Place of Birth, (Street and Number) 726 Gough St.

5. Full Name of Mother, Lena Robertson

6. Mother's Maiden Name, Jones

7. Mother's Birthplace, Maryland

8. Full Name of Father, John Robertson

9. Father's Occupation, Tailor

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, E. R. Ransom

Address, 12 Abbeville St.

Remarks,

18930004865

shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such class to report the birth to the Commissioner of Health. In the manner and within the time prescribed in this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 8-28-5-7
RETURN OF A BIRTH 52732

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Earle Hunter Hewitt
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex (state whether male or female),

Male

2. Race or Color (if not of the white race),

White

3. Date of Birth,

Dec 25th 1873

4. Place of Birth (Street and Number),

114 1st Baltimore St

5. Full Name of Mother,

Mabel J Hewitt

6. Mother's Maiden Name,

Jones

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

George H Hewitt

9. Father's Occupation,

Fireman B.C. & Department

10. Father's Birthplace,

Philadelphia Pa

Name of Medical Attendant, or other person who makes this Return.

E. E. Hewitt

Address,

114 1st Baltimore St

Remarks,

RETURN OF A BIRTH. 52733

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child
1. Sex, (state whether male or female) M ale.
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, December 25, 1893
4. Place of Birth, (Street and Number) 1617 N. Lincoln St. Balt.
5. Full Name of Mother, Mary E. Higgins
6. Mother's Maiden Name, Mary E. Higgins
7. Mother's Birthplace, Salem, Massachusetts
8. Full Name of Father, Thomas E. Higgins
9. Father's Occupation, Hard laborer
10. Father's Birthplace, Galveston, Texas
Name of Medical Attendant, or other person who makes this Return, Mrs. Sarah H. Collins
Address, 1617 N. Lincoln St. Baltimore, Md.
Remarks,

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and fifth of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur on the first day of a month, the certificate shall be filed with the Commissioner of Health on the first day of the following month. Any practitioner or practitioner of midwifery, or should no other person be in attendance upon the birth of a child, who fails to file such certificate with the Commissioner of Health, in the manner and within the time prescribed, shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

52736

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 27 Dec 1893
4. Place of Birth, (Street and Number) 161 E. Lombard St
5. Full Name of Mother, Rebecca E. Johnson
6. Mother's Maiden Name, Johnson
7. Mother's Birthplace, Prussia
8. Full Name of Father, Julius H. Johnson
9. Father's Occupation, Wagoner & Coachman
10. Father's Birthplace, Prussia
- Name of Medical Attendant, or other person who makes this Return, D. Johnson
- Address, 2 Elmwood St
- Remarks, _____

shall have the name and occupation of its parents, the date and place of birth, the day of delivery, the name of the practitioner in the form of a certificate between the first and third day of delivery, and the name of the person who shall be the medical attendant upon the mother, immediately thereafter, in the manner and within the time required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52737

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 28 Dec 1893

4. Place of Birth, (Street and Number) 37 E. Front St.

5. Full Name of Mother, Marie Gallagher

6. Mother's Maiden Name, Wallbridge

7. Mother's Birthplace, Germany

8. Full Name of Father, William Gallagher

9. Father's Occupation, Laborer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, E. Schumann

Address, 72 Ashmeade St.

Remarks,

5930004972

When this certificate is delivered, duly signed by the practitioner in the form of a certificate between the first and third day of the month, to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance upon the mother, immediately hereafter it shall become the duty of the practitioner to report its birth to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52789

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Dec 31st 1893*

4. Place of Birth, (Street and Number) *1614 W. Mulberry St.*

5. Full Name of Mother, *Emma Carter*

6. Mother's Maiden Name, *Laid*

7. Mother's Birthplace, *Bruna*

8. Full Name of Father, *Irwin M. Carter*

9. Father's Occupation, *Bookkeeper*

10. Father's Birthplace, *Baltimore Md*

Name of Medical Attendant, or other person who makes this Return, *John Neff M.D.*

Address, *701 Hamilton Ave*

Remarks, _____

8 9 3 0 0 0 4 9 7 4

See the Act of 1882, c. 25, § 1, which provides that any person who shall have been convicted of a crime shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 63741

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *The first child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *7th November 1893*
4. Place of Birth, (Street and Number) *2642 W. Pratt St.*
5. Full Name of Mother, *Mary Christine Baiggemann*
6. Mother's Maiden Name, *Mary Christine Lehnbach*
7. Mother's Birthplace, *City of Baltimore*
8. Full Name of Father, *Erd Baiggemann*
9. Father's Occupation, *Police Warden*
10. Father's Birthplace, *Unterlahn Germany*
- Name of Medical Attendant, or other person who makes this Return, *Mrs Lebach*
- Address, *735 W. Pratt St*
- Remarks,

been consigned, its sex, color, the full name and occupation of the mother, the date and place of birth, and the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child as shall be born and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

112

RETURN OF A BIRTH. 52742

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

First-

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Black

3. Date of Birth,

Dec. 7, 94

4. Place of Birth, (Street and Number)

118 W. Lombard St

5. Full Name of Mother,

Bertha Carter

6. Mother's Maiden Name,

7. Mother's Birthplace,

va

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

E. S. New

Address,

118 W. Lombard St

Remarks,

8930004977

and schedule shall be delivered, the full name and occupation of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother or parent shall become the duly of the person or persons who shall be required, and child to report its birth to the Commissioner of Health, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be liable to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52743

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 9th 1893
4. Place of Birth, (Street and Number) 546 Fulton Ave (North)
5. Full Name of Mother, Louisa Heise
6. Mother's Maiden Name, Bitter
7. Mother's Birthplace, Baltimore
8. Full Name of Father, J. M. Heise
9. Father's Occupation, Lumber Merchant
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, E. W. Lee M.D.
- Address, 602 N. Carey St.
- Remarks, _____

8930004978

shall schedule shall be delivered, duly signed by the practitioner in person, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health, to be filed in a certificate between the first and second day of the month, and the birth of any child attended upon by a physician or practitioner of medicine, or should be immediately thereafter it shall become the duty of the person or persons of whom any such person or persons who shall hereafter fall under the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52744

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race) White.

3. Date of Birth, December 9th. 1893

4. Place of Birth, (Street and Number) 1618 Barclay St.

5. Full Name of Mother, Lizzie Schwalenberg

6. Mother's Maiden Name, Lizzie Shepherd.

7. Mother's Birthplace, Washington, D.C.

8. Full Name of Father, Frank A. Schwalenberg

9. Father's Occupation, B & P. R. R. Engineer.

10. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other person who makes this Return, Wehmer Britton M.D.

Address, S. W. Cor. Calvert & Preston Sts

Remarks,

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the parent or parents of such child shall report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52745

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th*
1. Sex, (state whether male or female) *male*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *Dec 10th 1893*
4. Place of Birth, (Street and Number) *1112 Barclay St*
5. Full Name of Mother, *Emma Warner*
6. Mother's Maiden Name, *Leonard*
7. Mother's Birthplace, *Balti*
8. Full Name of Father, *W. W. Warner*
9. Father's Occupation, *R.R. Engineer*
10. Father's Birthplace, *Balti*
- Name of Medical Attendant, or other person who makes this Return. *Th. B. Billingslee*
- Address, *1206 E. Preston St*
- Remarks,

such schedule shall be delivered, duly signed by the practitioner of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner in the form of a certificate between the said practitioner and the Commissioner. In case the birth of any child shall occur without the attendance of a physician or practitioner of health, it shall become the duty of the person or persons of such child to report its birth to the Commissioner, and the person or persons so failing to do so shall be liable to the penalty above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act shall be liable to the penalty above required, and shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

over
53746
Name: Sarah Elizabeth Drury
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Dec 13^d 1894
4. Place of Birth, (Street and Number) 2012 E. North Ave
5. Full Name of Mother, Mary Drury
6. Mother's Maiden Name, Thornes
7. Mother's Birthplace, Balts Md
8. Full Name of Father, James P. Drury
9. Father's Occupation, clerk
10. Father's Birthplace, Balts Md
Name of Medical Attendant, or other person who makes this Return. Mr. B. Billington
Address, 1206 E. Preston St
Remarks,

RETURN OF A BIRTH. 52747

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
 1. Sex, (state whether male or female) male
 2. Race or Color, (if not of the white race) white
 3. Date of Birth, Dec 17th 1893
 4. Place of Birth, (Street and Number) 1413 Huxford Ave
 5. Full Name of Mother, Minnie Laskins
 6. Mother's Maiden Name, McCoy
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, Robert L. Laskins
 9. Father's Occupation, cab driver
 10. Father's Birthplace, Baltimore
 Name of Medical Attendant, or other person who makes this Return, M. B. Billinger
 Address, 1206 E. Boston St
 Remarks,

third schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the parent or guardian of the child, within one month to the office of the Commissioner of Health, in the case of any child who is born without the mother, immediately after the birth of any child shall occur upon the mother, immediately after the birth of any child to report its birth to the Commissioner of Health, in the case of any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

and schedule shall be delivered, duly signed by the practitioner in the form of certificate between the first and third day of each and every month, to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be present at such time, the mother, immediately after the birth, in the manner and within the time specified above required, and shall report its birth to the Commissioner of Health, in the manner and within the time specified above required, and any such person or persons who fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52748

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 18 Dec
4. Place of Birth, (Street and Number) 1321 Wilcox St
5. Full Name of Mother, Bridget Kennedy
6. Mother's Maiden Name, Bridget Costin
7. Mother's Birthplace, Ireland
8. Full Name of Father, Martin Kennedy
9. Father's Occupation, Laborer
10. Father's Birthplace, Ireland
Name of Medical Attendant, or other person who makes this Return, Mrs. D. Quirk midwife
Address, No 506 E. Wight St
Remarks,

18930004983

RETURN OF A BIRTH. 52749

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Three's

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec. 19

4. Place of Birth, (Street and Number) 115 W. Lombard St.

5. Full Name of Mother, Annie Brown.

6. Mother's Maiden Name, Do

7. Mother's Birthplace, —

8. Full Name of Father, —

9. Father's Occupation, —

10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return, C. S. Keer

Address, 115 W Lombard St.

Remarks, —

1 8 9 3 0 0 0 4 9 8 4

RETURN OF A BIRTH. 52750

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Col

3. Date of Birth, Dec 20th 18

4. Place of Birth, (Street and Number) Hamilton Court

5. Full Name of Mother, Sarah Brooks

6. Mother's Maiden Name, Sarah Elizabeth Hughes

7. Mother's Birthplace, Dorchester County Maryland

8. Full Name of Father, Charles Brooks

9. Father's Occupation, Labor

10. Father's Birthplace, Dorchester Co

Name of Medical Attendant, or other person who makes this Return, Sarah A. Jones

Address, 533 Saterpark St

Remarks, Health -

1 8 9 3 0 0 0 4 9 8 5

RETURN OF A BIRTH⁵²⁷⁵¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 20/93

4. Place of Birth, (Street and Number) 707 N. Fremont ave

5. Full Name of Mother, Mary A. Addison

6. Mother's Maiden Name, " " Giles

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Wm W. Addison

9. Father's Occupation, Shoemaker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, Dr. E. Gibbons M. D. or other Person who makes this Return.

Address, 1102 W. Lafayette ave

Remarks,

Parents, the date and place of birth, and the child schedule shall be delivered, duly signed by the parent or person in the form of a certificate between the first and third of each month and every month to the Office of the Registrar of Vital Statistics, Board of Health. In case the birth of any child shall occur between the first and third of each month, the midwife, or should no other person be in attendance, the mother, immediately thereafter it shall be the duty of the person or persons so required, and any person who shall fail to report the birth of a child to the Commissioner of Health, to the Registrar of Vital Statistics, Board of Health, within the period above required, and any person who shall fail to report the birth of a child to the Commissioner of Health, to the Registrar of Vital Statistics, Board of Health, within the period above required, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other laws and ordinances are recoverable.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

52752

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

8th.

1. Sex (state whether Male or Female)

Male

2. Race or Color (if not of the white race)

White

3. Date of Birth

Dec. 22nd 1893

4. Place of Birth (Street and Number)

1546 H. Stricker St.

5. Full Name of Mother

Mary E. Lane

6. Mother's Maiden Name

Mary E. Crawford

7. Mother's Birthplace

Baltimore Md.

8. Full Name of Father

Augustus Lane

9. Father's Occupation

Wholesale

10. Father's Birthplace

Baltimore Md.

Name of Medical Attendant, or other Person who makes this Return.

David J. Reinhardt

Address

1118 Madison Ave -

Remarks

5930004987

117

RETURN OF A BIRTH. 52753

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....Second

1. Sex, (state whether male or female).....Male

2. Race or Color, (if not of the white race).....Black

3. Date of Birth.....Dec. 23 93

4. Place of Birth, (Street and Number).....115 W. Lombard St.

5. Full Name of Mother.....Eliza Dufferfield

6. Mother's Maiden Name.....Va

7. Mother's Birthplace.....

8. Full Name of Father.....

9. Father's Occupation.....

10. Father's Birthplace.....

Name of Medical Attendant, or other person who makes this Return.....C. S. Mer

Address.....115 W. Lombard

Remarks.....

1 8 9 3 0 0 0 4 9 8 8

RETURN OF A BIRTH. 52754

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Dec. 23, 93*

4. Place of Birth, (Street and Number) *115 W. Lombard St*

5. Full Name of Mother, *Mary Smith*

6. Mother's Maiden Name, *Russell*

7. Mother's Birthplace, *Russia*

8. Full Name of Father, _____

9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Attendant, or other person who makes this Return, *C. J. Neer*

Address, *115 W. Lombard*

Remarks, _____

18930004989

RETURN OF A BIRTH. 52755

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) colored

3. Date of Birth, December 24 1893

4. Place of Birth, (Street and Number) 1329 Preston St.

5. Full Name of Mother, Hattie Hall

6. Mother's Maiden Name, Spadine

7. Mother's Birthplace, Northampton Virginia

8. Full Name of Father, Samuel C. Hall

9. Father's Occupation, Porter

10. Father's Birthplace, Anne Arundel County

Name of Medical Attendant, or other person who makes this Return, Heber Colman

Address, 1329 Preston St.

Remarks, _____

18930304990

and schedule shall be delivered, duly signed by the collector, to its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health, in case he be born the first and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *male*

2. Race or Color, (if not of the white race) *colored*

3. Date of Birth, *December 25. 1893*

4. Place of Birth, (Street and Number) *1131 Shields Alley*

5. Full Name of Mother, *Margaret A. Davis*

6. Mother's Maiden Name, *C. Franklin*

7. Mother's Birthplace, *Prine George Co. Md.*

8. Full Name of Father, *Frank A. Davis*

9. Father's Occupation, *carpenter*

10. Father's Birthplace, *Carroll County Md.*

Name of Medical Attendant, or other person who makes this Return, *John A. Davis*

Address, *509 Preston Street*

Remarks,

and late
shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the Office of the Registrar of Vital Statistics, Baltimore City.
shall occur without the attendance of a physician or practitioner of midwifery, or should the birth of any child
attendance upon the mother. Immediately thereafter it shall become the duty of the person or persons of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52757

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 27 1893

4. Place of Birth, (Street and Number) No 609 Gayzette ave.

5. Full Name of Mother, Sadie Lynner.

6. Mother's Maiden Name, Sadie Lynider.

7. Mother's Birthplace, in Baltimore

8. Full Name of Father, Albert Lynner

9. Father's Occupation, car conductor.

10. Father's Birthplace, in England.

Name of Medical Attendant, or other person who makes this Return.

Address, Midwife Theresa Heller No 528 Biddle st.

Remarks,

RETURN OF A BIRTH. 52758

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) colored
3. Date of Birth, Dec 28th 1813
4. Place of Birth, (Street and Number) 692 Pierce St
5. Full Name of Mother, Mary Anne Roberts
6. Mother's Maiden Name, Fisher
7. Mother's Birthplace, Memphis
8. Full Name of Father, James E Roberts
9. Father's Occupation, Porter
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, J. S. Porter J. C. Chance
- Address, 219. Prickett St
- Remarks,

and attending shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and attendance of a physician or practitioner of midwifery, or both, shall be required, and in case the birth of any child should occur upon the mother immediately thereafter, it shall be the duty of the practitioner or practitioners to report the birth of such child to report its birth to the Commissioner of Health, or to the Registrar of Vital Statistics, and if any such person or persons who shall neglect to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Alice Coleman Barbour

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3 Date of Birth, December 28th 1892

4. Place of Birth, (Street and Number) 2124 N. Calvert St

5. Full Name of Mother, Dannie Barlow

6. Mother's Maiden Name, Hannie McCalister

7. Mother's Birthplace, Ballinroe Ind.

8. Full Name of Father, W. N. Barbour

9. *Father's Occupation,* Clerk

10. *Father's Birthplace,* _____, *Virginia*

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

4-5-54

8 9 3 0 0 0 4 9 9 4

third day of each and every month to the office of the Commissioner of Health. In case the birth of my child occurs without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, I will become the duty of the person or persons of such attendance to report the birth of my child to the Commissioner of Health, and to comply with the provisions of this act, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH. 52760

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

3. Date of Birth,

Dec. 28th 1893

4. Place of Birth, (Street and Number)

1706 Disque St. W.

5. Full Name of Mother,

Alicia White

6. Mother's Maiden Name,

Alicia Peters

7. Mother's Birthplace,

8. Full Name of Father,

James B. White

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Dr. J. L. G. M.

Address,

* 1706 Disque St.

Remarks,

This schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and last day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur during the month, the practitioner or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth of the child, shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52761

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Abe Krulewitch

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....
1. Sex, (state whether male or female)..... *Male*
2. Race or Color, (if not of the white race)..... *White*
3. Date of Birth,..... *29 December 1903*
4. Place of Birth, (Street and Number)..... *10 E. Lombard St*
5. Full Name of Mother,..... *Rosa Krulewitch*
6. Mother's Maiden Name,..... *Sacem*
7. Mother's Birthplace,..... *Russia*
8. Full Name of Father,..... *Benjamin Krulewitch*
9. Father's Occupation,..... *Physician*
10. Father's Birthplace,..... *Russia*
- Name of Medical Attendant, or other person who makes this Return,..... *E. E. Schuman*
- Address,..... *22 W. Baltimore St*
- Remarks,..... **GIVEN NAME ADDED. 5-13-53**
K.M.

RETURN OF A BIRTH. 52762 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Registrar in the form of a certificate, and place of birth; and the
shall occur without the assistance of a physician or practitioner of Health. In case the child is born between the first and
child's birth to the mother, immunization or delivery, or should the child be born between the first and second day of any child
any such person, who shall hereafter fail to be recovered or other fines and forfeitures are recoverable.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether male or female) female
 2. Race or Color, (if not of the white race) white
 3. Date of Birth, 31 Dec
 4. Place of Birth, (Street and Number) 520 N. High St
 5. Full Name of Mother, Annie Logan
 6. Mother's Maiden Name, Annie Collins
 7. Mother's Birthplace, Ireland
 8. Full Name of Father, Joseph Logan
 9. Father's Occupation, Laborer
 10. Father's Birthplace, Baltimore Md.
- Name of Medical Attendant, or other person who makes this Return, Mrs. D. G. Smith midwife
- Address, No 506 N. High St.
- Remarks,

and the date and place of birth, and the name of the mother, shall be delivered, duly signed by the practitioner in the form of a certificate, to the Registrar of Vital Statistics, Baltimore City, on or before the third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately after the birth of any child, and shall become the duty of the person or persons of such child to report its birth to the Registrar of Vital Statistics, Baltimore City, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this Act shall be liable to a fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52763

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth

4. Place of Birth, (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other person who makes this Return

Address

Remarks

5th
female

31st December 1905

Baltimore #1505 Halpin

Elizabeth Ellen Ward

White Marsh Baltimore

John James Ward

Brace Fenwick

Baltimore Mrs. Warden

883 Greenmount Ave

RETURN OF A BIRTH. 53764

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female), female

2. Race or Color, (if not of the white race) white

3. Date of Birth, December 31 1893

4. Place of Birth, (Street and Number) North 5 13 Baltimore

5. Full Name of Mother, Annie Elizabeth Smith

6. Mother's Maiden Name, Genis

7. Mother's Birthplace, Baltimore Maryland MD

8. Full Name of Father, John J. Smith

9. Father's Occupation, Florist

10. Father's Birthplace, Baltimore City MD

Name of Medical Attendant, or other person who makes this Return, Martha King 545 High St

Address, Baltimore MD

Remarks, Baltimore MD

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the day and the third day of each and every month to the physician or practitioner of Health. In cases where no other person be in attendance upon the birth, the physician or practitioner of Health shall be the person or persons of such child or children, and the person or persons who shall hereafter be recovered as other fines and forfeitures are recoverable, and the person or persons who shall hereafter be recovered as other fines and forfeitures are recoverable.

This certificate shall be delivered, duly signed by the midwife, in the form of a certificate between the first and third day of each and every month, to the Registrar of Vital Statistics, Board of Health. In case the birth of any child occurs on the first day of a month, the midwife shall deliver the certificate to the Registrar on the first day of the following month. In case the birth of any child occurs on the last day of a month, the midwife shall deliver the certificate to the Registrar on the first day of the following month. In case the birth of any child occurs on the first day of a month, the midwife shall deliver the certificate to the Registrar on the first day of the following month. In case the birth of any child occurs on the last day of a month, the midwife shall deliver the certificate to the Registrar on the first day of the following month.

RETURN OF A BIRTH. 52765

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Third Child*
 1. Sex, (state whether male or female) *it was girl*
 2. Race or Color, (if not of the white race) *colored*
 3. Date of Birth, *December 22 1893*
 4. Place of Birth, (Street and Number) *821 South State Street*
 5. Full Name of Mother, *Dorah Young*
 6. Mother's Maiden Name, *Dorah Johnson*
 7. Mother's Birthplace, *Calvert County Maryland*
 8. Full Name of Father, *John Williams*
 9. Father's Occupation, *Shoe Maker*
 10. Father's Birthplace, *Kent County Md*
 Name of Medical Attendant, or other person who makes this Return, *Amie Johnson*
 Address, *1045 Cross St Corner*
 Remarks, *Marry Carothers Williams*

0 9 3 0 0 0 0 0 0

RETURN OF A BIRTH

RETURN OF A
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

[illegible]

third day of each and every month, and shall be signed by the practitioner in the form of a certificate between the first and second day of each and every month, and shall be filed in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, or shall occur at a place where no physician is present, the parents of such child shall report its birth to the Commissioner of Health, in the manner and within the period and under the conditions and penalties provided in this section, and shall be liable to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52766

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3:

1. Sex, (state whether male or female) Male -
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, December - 7 - 1898
4. Place of Birth, (Street and Number) 908 - Wood-yeaw St.
5. Full Name of Mother, Martha. Henson
6. Mother's Maiden Name, Martha Hainer
7. Mother's Birthplace, Fresh-green - Md -
8. Full Name of Father, William Henson.
9. Father's Occupation, Carpet-Cleaning and Genl. Maint.
10. Father's Birthplace, Fresh-green -

Name of Medical Attendant, or other person who makes this Return, Mary. C. Jones

Address, 1121. Saratoga. St. -

Remarks.

...the date and place of birth, and the full certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month, to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician, the parent or parents of such child shall be liable to the Commissioner of Health, in the manner and within the period above required, for each offense to be recovered as other laws and regulations are recoverable.

RETURN OF A BIRTH ⁵²⁷⁶⁷

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child
1. Sex, (state whether male or female) Male
2. Race or Color. (if not of the white race) White
3. Date of Birth, 14th December 1893
4. Place of Birth, (Street and Number) 1105 North Carey Street
5. Full Name of Mother, Bertha Williams
6. Mother's Maiden Name, Williams
7. Mother's Birthplace, Fredricks City Fredrick Co Md
8. Full Name of Father, Father's Name not known
9. Father's Occupation, Sailor
10. Father's Birthplace, Ireland
- Name of Medical Attendant, or other Person who makes this Return, Leticia Plouffe
- Address, 1105 North Carey St
- Remarks,

parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the parent or person in charge of the child, to the Office of the Registrar of Vital Statistics, Baltimore City, within the period of one month after the birth of the child. In case the certificate between the child and the mother, immediately thereafter, shall occur without the attendance of a Physician or Midwife, or should no other person be in attendance upon the mother, the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st Child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *December 14th 1893*
4. Place of Birth, (Street and Number) *1105 North Carey St*
5. Full Name of Mother, *Mary only Name Known*
6. Mother's Maiden Name, *Germany*
7. Mother's Birthplace, *Father's Name Not Known*
8. Full Name of Father, *Not Known*
9. Father's Occupation, *Baltimore*
10. Father's Birthplace, *Midwife Lathin Place*
Name of Medical Attendant, or other Person who makes this Return, *1105 North Carey Street*
Address,
Remarks,

any shall have
the date and place of birth
of the child, and in case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, the mother, immediately thereafter it shall become the duty of the parents of such
child to report its birth to the Registrar of Health, in the manner and within the period above prescribed, and if they fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 52769

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) Col
 3. Date of Birth, Dec 16 1893
 4. Place of Birth, (Street and Number) 406 B Ave
 5. Full Name of Mother, Fremtta Valentine
 6. Mother's Maiden Name, Hennittie Jenkins
 7. Mother's Birthplace, 111 Va
 8. Full Name of Father, Isiah Valentine
 9. Father's Occupation, Waiter
 10. Father's Birthplace, Howard County Md
- Name of Medical Attendant, or other person who makes this Return, M. A. B. B. B.
Address, 65 28 Baker St Md
Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: CHARLES SCHULTZ Wyatt

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

(Charles)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks,

6 7 3 0 0 0 5 0 0 6

and schedule shall be delivered, duly signed, to the office of the Commissioner of Health, on or before the third day of each and every month to the office of the Commissioner of Health, or should no birth occur without the attendance of a physician or practitioner of midwifery, or should no birth occur without the attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such kind to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person failing to do so, shall be deemed to be guilty of a misdemeanor, with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52771

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

sixth

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

3. Date of Birth,

20th of December

4. Place of Birth, (Street and Number)

1030 W. Lombard Street

5. Full Name of Mother,

Elizabeth Mary Wimmer.

6. Mother's Maiden Name,

Elizabeth Mary Volk.

7. Mother's Birthplace,

Baltimore.

8. Full Name of Father,

Edward Wimmer.

9. Father's Occupation,

Piano Maker.

10. Father's Birthplace,

Baltimore.

Name of Medical Attendant, or other person who makes this Return,

Mrs. Seebach.

Address,

735 W. Pratt Street.

Remarks,

third day of each and every month to the office of the Commissioner of Health, to cause the birth of any child to be reported to the Commissioner of Health, in the manner and within the time provided by law, and to cause any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52772

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

Full name of child added by father upon applying for a transcript. Demand money father of E. W. child - Reg.

898000500061934

said schedule shall be delivered, duly signed by the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such registration to return the same to the Commissioner of Health, in the manner and within the period above required, and any such person or person who shall fail to do so shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52773

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) M

2. Race or Color, (if not of the white race) W

3. Date of Birth, Dec 23 1873

4. Place of Birth, (Street and Number) 2225 Jefferson Place

5. Full Name of Mother, Mrs White

6. Mother's Maiden Name, Owens

7. Mother's Birthplace, Balt Co

8. Full Name of Father, Edw White

9. Father's Occupation, Lamp lighter ?

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, D. R. Winick

Address, 1900 Mt Royal Terrace

Remarks,

RETURN OF A BIRTH 52774

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Dec. 29th 1893.

4. Place of Birth, (Street and Number) #1203 N. Hollis St.

5. Full Name of Mother, Annie Johnson.

6. Mother's Maiden Name, Annie Balt.

7. Mother's Birthplace, Balt. County

8. Full Name of Father, Jerome Johnson.

9. Father's Occupation, Cunnies.

10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other Person who makes this Return, J. S. Jentler

Address, #1211 N. Hollis St.

Remarks, 12th and Hollis St. Young Girl.

Accompanying and the full name of each child (if any shall have been conferred,) his sex, color, this full name, and shall set forth as far as the same can be ascertained, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of his certificate between the date of birth and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, the parent or person in attendance shall report his birth to the Commissioner of Health, in the manner and within the period above provided, and shall also report the name of the person for each offense to be recovered as other fees and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,*4. *Place of Birth, (Street and Number).*

5. *Full Name of Mother,*

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers

2930005011

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such attendance to report the birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall fail to do so shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

52777

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Fifth
male

Kenneth

A.O.D. 10/26/20

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Dec. 26th 1893

4. Place of Birth, (Street and Number)

1737 N. Federal St.

5. Full Name of Mother,

Mary V. Jenkins

6. Mother's Maiden Name,

Reimon

7. Mother's Birthplace,

Sonst Co Md.

8. Full Name of Father,

Joseph C. Jenkins

9. Father's Occupation,

Clerk

10. Father's Birthplace,

Balto Md.

Name of Medical Attendant, or other person who makes this Return,

S. W. Selmer M. D.

Address,

1801 S. Langer St.

Remarks,

and page of said schedule shall be delivered, duty signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person so present on such child to report its birth to the Commissioner of Health, and if such person shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52778

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st child*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *28th December*

4. Place of Birth, (Street and Number) *219 Montgomery St*

5. Full Name of Mother, *Annie Bell*

6. Mother's Maiden Name, *Annie Nichols*

7. Mother's Birthplace, *Cambridge*

8. Full Name of Father, *Nathan Bell*

9. Father's Occupation, *Scourman*

10. Father's Birthplace, *Virginia*

Name of Medical Attendant, *Annie Johnson*
or other person who made this Return.

Address, *#1045 Gross St B*

Remarks, *No. remarks*

CORRECTION

**The preceding document has been re-
photographed to assure legibility and its
image appears immediately hereafter.**

STATE OF MARYLAND

**HR-RM 32
(4-1-54)
Hall of Records Commission**

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Dec. 30, 1907*

4. Place of Birth, (Street and Number) *1304 - 1st St.*

5. Full Name of Mother, *Martina Ellen Langer*

6. Mother's Maiden Name, *Rosenfeld*

7. Mother's Birthplace, *Babst, Md.*

8. Full Name of Father, *Charles Edward Gopfer*

9. Father's Occupation, *Painter*

10. Father's Birthplace, *Babst, Md.*

Name of Medical Attendant, or one who makes a Return, *Geo. A. Hartmann, M.D.*

Address, *1121 McClure St.*

Remarks, _____

HEALTH DEPARTMENT—CITY OF BALTIMORE

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH

CITY OF BALTIMORE

Registered No. B 52880

(No. 1001 Concord Street,

Nt. 10th Ward)

(2) FULL NAME OF CHILD James Edward Farrell.

If child is not yet named, make supplemental report, as directed.

(3) Sex of Child M.

(4) Twin, triplet, or other? ☒

(5) Number in order of birth 7

(6) Legitimate? Yes

(7) Date of Birth Nov. 28, 1895.

(To be answered only in event of plural births)

(Month) (Day) (Year)

FATHER

(8) FULL NAME Michael Farrell

(9) RESIDENCE 1001 Concord St.

(10) COLOR White. (11) AGE AT LAST BIRTHDAY 37.

(12) BIRTHPLACE Ireland.

(13) OCCUPATION Paver.

(20) Number of children born to this mother, including present birth 7.

MOTHER

(14) FULL MAIDEN NAME Rosana Duffy.

(15) RESIDENCE 1001 Concord Street.

(16) COLOR White. (17) AGE AT LAST BIRTHDAY 34.

(18) BIRTHPLACE Ireland.

(19) OCCUPATION House work.

(21) Number of children of this mother now living 7.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was BORN ALIVE at 7 o'clock P. M. on the date above stated.

(23) Signature W. S. Gardner.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Physician W. S. Gardner)

(24) Given name added from a supplemental

Address

Report

10

Filed

11/30/95

10

Registrar.

Registrar.

4930065016

(READ THE REVERSE SIDE)

*In case of more than one child at a birth, a SEPARATE RETURN must be made for each and the number of each, in order of birth, stated.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF LIVE BIRTH

Registered No. A-52818

Vol. 13, Folio 148

1. PLACE OF BIRTH: Baltimore, Maryland (a) Name of hospital or institution; if at home give street number: <u>1119 Granby</u> (b) Mother's stay before delivery: In hospital or institution <u> </u> In Baltimore <u> </u> (Specify whether months or days)		2. USUAL RESIDENCE OF MOTHER: (a) State <u>Md.</u> (b) County <u> </u> (c) City or town <u> </u> (If outside city or town limits, write RURAL) (d) Street No. <u> </u> (If rural give location)	
3. Full name of child <u> </u>		4. Date of birth <u>Sept. 28, 1893</u> (Month) (Day) (Year)	
5. Sex: Female		6. Twin or triplet <u> </u> If so—born 1st, 2d, or 3rd <u> </u>	
7. Number weeks of pregnancy <u> </u>		8. Hour of birth <u>M.</u>	
FATHER OF CHILD 9. Full Name <u>Caleb Bond</u> 10. Color or race <u>W</u> 11. Age at time of this birth <u> </u> yrs. 12. Birthplace <u>Baltimore, Maryland</u> (City, town, or county) (State or foreign country)		MOTHER OF CHILD 15. Full Maiden Name <u>Lena Taylor</u> 16. Color or race <u>W</u> 17. Age at time of this birth <u> </u> yrs. 18. Birthplace <u>Baltimore, Maryland</u> (City, town, or county) (State or foreign country)	
13. Usual occupation <u> </u> 14. Industry or business <u> </u>		19. Usual occupation <u> </u> 20. Industry or business <u> </u>	
21. Other children born to mother (not including present child): (a) How many other children of this mother are now living? <u>1</u> (b) How many other children were born alive but are now dead? <u> </u> (c) How many children were born dead? <u> </u>		22. Mother's mailing address for registration notices: <u> </u> <u> </u> <u> </u>	
23. I hereby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above was furnished by <u> </u> related to this child as <u> </u>			
24. Date rec'd by local registrar <u>January 16, 1894</u>		(Signed) <u>Dr. James E. Dwinelle</u> <u>M. D.</u> Physician (or midwife) who attended this birth (Midwife)	
25. Signed <u>Dr. James F. McShane</u> Registrar		or <u> </u> Commissioner of Health and Registrar	
26. Given name added <u> </u> by Registrar <u>3</u>		Address <u>0 5 0 1 7</u> Date <u> </u>	

vs 100 No information was given on the original certificate for information not listed on this certificate.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 5, 1893

4. Place of Birth, (Street and Number) 308 Dr. Madison Street

5. Full Name of Mother, Mrs. Abel

6. *Mother's Maiden Name.*

7. Mother's Birthplace, Germany

8. Full Name of Father, Charles Noel

9. Father's Occupation, *Professor of Languages*

10. Father's Birthplace, *France*

Name of Medical Attendant, or other person who makes this return, *O. B. Browne M.D.*

Address, 1218 Madison Ave

Remarks.

GIVEN NAME ADDED

RETURN OF A BIRTH. 52896 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th
1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, January 16, 1893
 4. Place of Birth, (Street and Number) 2007 Eutaw Place
 5. Full Name of Mother, Mrs Martin Garlander
 6. Mother's Maiden Name, Germany
 7. Mother's Birthplace, Martin Garlander
 8. Full Name of Father, Publisher of Law Books
 9. Father's Occupation, Germany
 10. Father's Birthplace, J. B. Browne M.D.
- Name of Medical Attendant, or other person who makes this Return, 1218 Madison Ave
- Address, 1218
- Remarks,

48930003019

RETURN OF A BIRTH. 52897

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred its sex, color, the full name and occupation of its parents, the date of birth, and the child's residence shall be delivered, duly signed by the practitioner in the form of a certificate, and the certificate shall be filed in the office of the Registrar of Vital Statistics, Baltimore City, and the certificate shall be retained in the office of the Registrar of Vital Statistics, Baltimore City, for a period of ten years, and the certificate shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, January 22, 1893
 4. Place of Birth, (Street and Number) 1011 Fulton Ave
 5. Full Name of Mother, Elizabeth Heckrodt
 6. Mother's Maiden Name, Elizabeth Sicker
 7. Mother's Birthplace, Baltimore
 8. Full Name of Father, Hiram Heckrodt
 9. Father's Occupation, Clerk
 10. Father's Birthplace, Lower Co., Md.
- Name of Medical Attendant, or other person who makes this Return, Dr. J. J. Browne M.D.
- Address, 1218 Madison Ave
- Remarks,

RETURN OF

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Les 2*

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race) *Irish*

3. *Date of Birth,*

4. Place of Birth. (Street and Number)

5. Full Name of Mother,

6. *Mother's Maiden Name.*

7. Mother's Birthplace.

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, *218*

Address.

Remarks,

8 9 3 0 0 0 5 0 2 1

RETURN OF A BIRTH. 52900

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 2^d 1895

4. Place of Birth, (Street and Number) 672 W. Balto. St.

5. Full Name of Mother, John Storm

6. Mother's Maiden Name, Mary

7. Mother's Birthplace, City

8. Full Name of Father, John Storm

9. Father's Occupation, Tailor

10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, H. W. Nichols, M.D.

Address, 723 W. Lombard St.

Remarks, Delivered healthy

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Vol. 3
Folio 150

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF LIVE BIRTH

Registered No. A-52905

1. PLACE OF BIRTH: Baltimore, Maryland

(a) Name of hospital or institution; if at home give street number:
310 N. Fremont Avenue

(b) Mother's stay before delivery:

In hospital or institution In Baltimore
(Specify whether months or days)

2. USUAL RESIDENCE OF MOTHER:

(a) State Maryland (b) County

(c) City or town Baltimore

(If outside city or town limits, write RURAL)

(d) Street No. 310 N. Fremont Avenue

(If rural give location)

3. Full name of child

4. Date of birth June 24, 1893

5. Sex: Male

6. Twin or triplet

If so—born 1st, 2d, or 3rd

7. Number weeks of pregnancy

8. Hour of birth

M.

FATHER OF CHILD

9. Full Name George Coates

10. Color or race W

11. Age at time of this birth yrs.

12. Birthplace Maryland

(City, town, or county)

(State or foreign country)

13. Usual occupation

14. Industry or business

21. Other children born to mother (not including present child):

(a) How many other children of this mother are now living? 4

(b) How many other children were born alive but are now dead?

(c) How many children were born dead?

MOTHER OF CHILD

15. Full Maiden Name Rosa Kernens

16. Color or race W

17. Age at time of this birth yrs.

18. Birthplace Maryland

(City, town, or county)

(State or foreign country)

19. Usual occupation

20. Industry or business

22. Mother's mailing address for registration notice:

310 N. Fremont Ave.,

23. I hereby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above was furnished by related to this child as

24. Date rec'd by local registrar Feb. 16

1894

25. Signed Dr. James F. McShane

Registrar

(Signed) John Neff

Physician (or midwife) who attended this birth

M. D.

or Sydney H. Weston State

(Midwife)

or Registrar

26. Given name added

by Registrar per

Address 5023

VS 100 No information appears on original filing for information not appearing on this certificate. Date

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall be reported to the office of the Commissioner of Health by a physician, midwife, or other person, or by the mother, immediately thereafter, it shall become the duty of the person so reporting to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 5293

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 1 1894

4. Place of Birth, (Street and Number) 1910 Christian St

5. Full Name of Mother, Maggie J. Metcalf

6. Mother's Maiden Name, Maggie D. Cook

7. Mother's Birthplace, Balto City

8. Full Name of Father, Geo. W. Metcalf

9. Father's Occupation, Builder

10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, Dr. J. McQuiggin M.D.

Address, 1934 West Pratt St

Remarks, _____

any shall have
the date and place of birth; and the
practitioner in the form of a certificate between the first and
day of each and every month, and shall be ready to in-
attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (\$10) dollars for each offence, to be recovered as other laws and ordinances are recoverable.

RETURN OF A BIRTH. 52923

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1st

male

White

Jan 1st 94

412 Hanover St

Georgie Lee

Williams

Balto

William Lee

Bg. Ch.

Harry B. B. B.

413 Hanover Street

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the date and time of birth; and the practitioner or physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the duty of the person or persons of such child to report to birth to the Commissioner of Health, in the manner and within the time provided, shall be required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52924

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5.
1. Sex, (state whether male or female) Needhen
2. Race or Color, (if not of the white race) Vaj's
3. Date of Birth, 1 January
4. Place of Birth, (Street and Number) 1825 Bank St.
5. Full Name of Mother, Rejdy Adams
6. Mother's Maiden Name, Krist
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Adams
9. Father's Occupation, Enginerman lug boat
10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other person who makes this Return, Marie Poff
Address, S. Bond St. 837
Remarks, _____

8930005027

GIVEN NAME ADDED 7-1-57

RETURN OF A BIRTH. 52925

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Helena Catharina Pick

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *female*

2. Race or Color, (if not of the white race)

3. Date of Birth, *1 Jan - 1894*

4. Place of Birth, (Street and Number) *104 Fulton St*

5. Full Name of Mother, *Anna Pick*

6. Mother's Maiden Name, *Hall*

7. Mother's Birthplace, *Balti*

8. Full Name of Father, *Wm. Pick*

9. Father's Occupation, *Police*

10. Father's Birthplace, *Balti*

Name of Medical Attendant, or other person who makes this Return, *Mrs. R. H. H. G.*

Address, *1302 E. Lexington*

Remarks,

1 8 9 3 0 0 0 5 0 2 8

...shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been conferred, its sex, color, the full name and occupation of its mother, the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the time provided by law, and any such person or persons who shall hereafter fail to do so shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52926 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Every child born in Baltimore City shall have a certificate of birth filed with the Registrar of Vital Statistics, and the name and occupation of its parents, the date and place of birth; and the date of each and every month to the office of the Registrar of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other parts of such attendance upon the child be furnished to the Registrar of Health, the provisions of this section shall be subject to the provisions of the law relating to the punishment of persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth Jan'y. 1904

4. Place of Birth, (Street and Number) 2851 N. Fulton St.

5. Full Name of Mother Geo. B. Garner

6. Mother's Maiden Name Rosella Hardesty

7. Mother's Birthplace Batts Ind.

8. Full Name of Father George B. Garner

9. Father's Occupation Painter

10. Father's Birthplace Virginia

Name of Medical Attendant, or other person who makes this Return, E. A. Smith M.D.

Address 2805 Centre Ave.

Remarks

18930005029

RETURN OF A BIRTH ⁶²⁹²⁷

Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Child of Mother, (state whether 1st, 2d, 3d, &c.) *2nd*
State whether male or female) *Male*
Color, (if not of the white race)
Birth, *Jan 1st 1894*
Birth, (Street and Number) *169 N Woff st*
Name of Mother, *Mary Schwarzhaupt*
Maiden Name, *Mary Smith*
Birthplace, *Balto*
Name of Father, *Henry Schwarzhaupt*
Occupation, *Sailor*
Birthplace, *German*
Medical Attendant, or other Person who makes this Return, *Mrs Julia Groome*
944 N Gay st

persons, and shall set forth as far as the same can be ascertained the full name and occupation of his parents, the date and place of birth of each child, the sex, age, and condition of each child, and the day of each and every occurrence of the birth of each child, and shall report its birth to the Commissioner of Health, in the manner and within the time required, and shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52928

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 1 Jan
4. Place of Birth, (Street and Number) 224 E. Chest
5. Full Name of Mother, Augusta Kallner
6. Mother's Maiden Name, Pries
7. Mother's Birthplace, Balto
8. Full Name of Father, Herman Kallner
9. Father's Occupation, Liquor Store
10. Father's Birthplace, Poland
- Name of Medical Attendant, or other person who makes this Return, Wm R. H. G.
- Address, 130 E. Spring St.
- Remarks,

For each child, the full name and occupation of its parents, the date and place of birth, and the date of its registration, shall be furnished by the practitioner in the form of a certificate before the first and third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the mother, immediately thereafter, shall become the duty of the practitioner of medicine to report the birth to the Commissioner of Health. In the manner and within the period above required, and in the form or forms prescribed by the Commissioner of Health, the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF BIRTH

GIVEN NAME ADDED

11-20-61

52929

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Eduard Francis*

Shipley

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),
2. Race or Color (if not of the white race),
3. Date of Birth,
4. Place of Birth (Street and Number),
5. Full Name of Mother,
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Male

African

Jan 1st 1894

320 E. 1st St.

Mary Shipley

Geo Shipley

Name of Medical Attendant, or other person who makes this Return.

Edmund K. Ballard M.D.

Address,

855 Park Ave

Remarks,

8930005032

RETURN OF A BIRTH. 52930

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Jan 1st 1894

3. Date of Birth, 26 02 Lancaster St, Canton

4. Place of Birth, (Street and Number) Birdi Joyave

5. Full Name of Mother, Cummings

6. Mother's Maiden Name, Robert County Ind

7. Mother's Birthplace, Thomas B Joyave

8. Full Name of Father, Labore

9. Father's Occupation, Labore

10. Father's Birthplace, Labore

Name of Medical Attendant, or other person who makes this Return, Hannah Munk

Address, 825 W. St, Canton

Remarks,

been conferred) his sex, color, the full name and occupation of its parents, the date and place of birth; and the date and place of delivery, or should no other parents of such child be in said day of the month, and every month to the physician or practitioner in the manner and within the time specified in the regulations of this section shall be able, without the attendance upon the mother, Commissioner of Health, or any such person, to report its birth, and the name of its parents, to be recovered as other fines and forfeitures are recoverable, any such person who shall fail to comply with the provisions of this section shall be liable to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 52931

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother.

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other Person who makes this Return

Address,

Remarks,

Male.

Colored.

January 1st 1894.

Baltimore City 1423 Vincent Alley

Lizzie Washington

Louisa Turner

Barrett

George Washington

Barber

Louisa Co. Virginia

Louisa Foster

1423 Vincent Alley

Very good

of the parents, and the maiden name of the mother of such child or children.

6 9 3 0 0 0 0 3 4

RETURN OF A BIRTH. 52933

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th Child
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) _____
 3. Date of Birth, January 21, 1894.
 4. Place of Birth, (Street and Number) Fair View Ave.
Clara Lambert
 5. Full Name of Mother, " Bright
 6. Mother's Maiden Name, Pennsylvania
 7. Mother's Birthplace, George Lambert
 8. Full Name of Father, Coal & Wood Dealer
 9. Father's Occupation, Philadelphia
 10. Father's Birthplace, Annies Lindner
 Name of Medical Attendant, or other person who makes this Return, 1016 S. Howard
 Address, _____
 Remarks, _____

18930005036

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the parent or other person be in duty bound to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52935

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, June 1 '94

4. Place of Birth, (Street and Number) 1131 Myrtle Ave

5. Full Name of Mother, Lora J. Kinsbury

6. Mother's Maiden Name, Weaver

7. Mother's Birthplace, Edwardburg Michigan

8. Full Name of Father, James E. Kinsbury

9. Father's Occupation, Clerk

10. Father's Birthplace, Steboyan Wis

Name of Medical Attendant, or other person who makes this Return, John E. Huck

Address, 649 N Lafayette Ave

Remarks,

RETURN OF A BIRTH. 52936

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ... 4

1. Sex, (state whether male or female).

2. *Race or Color, (if not of the white race).*

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name.*

7. *Mother's Birthplace.*

8. *Full Name of Father.*

9. *Father's Occupation,*10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 3 0 0 0 5 0 3 9

RETURN OF A BIRTH. 52939

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 2d. January 1894

4. Place of Birth, (Street and Number) Guthrie St. No. 162

5. Full Name of Mother, Marie Baker

6. Mother's Maiden Name, Stuart

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Augustus Baker

9. Father's Occupation, Wagon Driver

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, _____

Address, Harlem Pharmacy, 101 E. 4th St. No. 434

Remarks, _____

1 5 9 3 0 0 0 5 0 4 2

This certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child occurs within the month of January, the certificate shall be delivered to the office of the Registrar of Vital Statistics, Board of Health, immediately thereafter. It shall become the duty of the person or persons of each child in reporting birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been corrected, its sex, color, the full name and occupation of its parents, the date and place of birth, if any shall have said schedule shall be delivered duly at the office of the practitioner in the form of a certificate between the first and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the mother, immediately thereafter, shall become the person or persons who shall report its birth to the Commissioner of Health, in the manner and within the time required, and any such person or persons who fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52940

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, Jan 2nd 1894
 4. Place of Birth, (Street and Number) 909 Druid Hill Av.
 5. Full Name of Mother, Mamie Grovinsen
 6. Mother's Maiden Name, Keiman
 7. Mother's Birthplace, Baltimore City Md
 8. Full Name of Father, George F Grovinsen
 9. Father's Occupation, Car Conductor
 10. Father's Birthplace, Baltimore City Md
- Name of Medical Attendant, or other person who makes this Return, Frank Whamon M.D.
- Address, 322 N Greene St
- Remarks,

18930005043

RETURN OF A BIRTH. 52942

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *6th*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *and 1/2*

3. Date of Birth, *11-21-1911*

4. Place of Birth, (Street and Number) *Same*

5. Full Name of Mother, *Annie Gorcey*

6. Mother's Maiden Name, *Elizabeth Gorcey*

7. Mother's Birthplace, *St. Mary's, Md.*

8. Full Name of Father, *Henry Gorcey*

9. Father's Occupation, *Laundry*

10. Father's Birthplace, *St. Mary's, Md.*

Name of Medical Attendant, or other person who makes this Return. *Caroline Reid*

Address, *131 Arch Street*

Remarks,

18930005045

said schedule shall be delivered, duly signed by the practitioner of his name and occupation of his parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health, or to the office of the Registrar of Births, and the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should in any case be reported to the Registrar of Births, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52943

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 to kind
1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) _____
3. Date of Birth, 2 Jan 1900
4. Place of Birth, (Street and Number) 1122 Lomb St ✓
5. Full Name of Mother, Betty Hurwitz ✓
6. Mother's Maiden Name, _____
7. Mother's Birthplace, Europa Russia ✓
8. Full Name of Father, Shan Hurwitz ✓
9. Father's Occupation, Tedder
10. Father's Birthplace, Europa
Name of Medical Attendant, or other person who makes this Return, Lina Handler
Address, 124 Litchfield St
Remarks, _____

8930005046

and shall be subject to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 22 1894

4. Place of Birth, (Street and Number) Tell St. 927

5. Full Name of Mother, Stella Sobgeneka

6. Mother's Maiden Name, " Bucavska

7. Mother's Birthplace, Poland

8. Full Name of Father, Lorenz Sobgeneka

9. Father's Occupation, Laborer

10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Mary Krutzka

Address, 602 Bond St.

Remarks, _____

18930005047

RETURN OF A BIRTH. 52945-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Boy White

2. Race or Color, (if not of the white race) Female

3. Date of Birth, January 2d

4. Place of Birth. (Street and Number) 1139 Little Mack St

5. Full Name of Mother, Rachel Finger

6. Mother's Maiden Name, Rachel Hamleigh

7. Mother's Birthplace, Russia

8. Full Name of Father, Harry Finger

9. Father's Occupation, Tailor

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this return, Mrs. G. Feldman.

Address, 1013 E. Lombard St.

Remarks,

1 8 9 3 0 0 5 0 4 0

RETURN OF A BIRTH. 52946

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan'y 2 94

4. Place of Birth, (Street and Number) 705 Bolwin Place

5. Full Name of Mother, Kate Ludwig

6. Mother's Maiden Name, Kate Settige

7. Mother's Birthplace, Balt'ry

8. Full Name of Father, John Ludwig

9. Father's Occupation, Blacksmith

10. Father's Birthplace, Balt Co

Name of Medical Attendant, or other person who makes this Return, Daniel V. Wloger M.D.

Address, 1200 N. Eden St

Remarks,

18930005049

RETURN OF A BIRTH. 52947

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, January 2nd 1894

4. Place of Birth, (Street and Number) 108 N. Kent St.

5. Full Name of Mother, Annie Apple

6. Mother's Maiden Name, Bauman

7. Mother's Birthplace, Apple

8. Father's Occupation, Brooklyn

9. Father's Birthplace, A.A. Co. Md.

10. Father's Birthplace, Vol. C. E. Schmitt Md

Name of Medical Attendant, 1458 Riverside Ave

Address, _____

Remarks, _____

18930005050

third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health. In case the birth of any child shall occur on the first day of any month, the physician or practitioner of medicine attending the birth of such child shall report its birth to the Registrar of Vital Statistics, Board of Health, in the manner and within the period and for the purpose herein provided, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE CORRECTED 6-11-98

RETURN OF A BIRTH. 52948

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Charles Thomas Eunick

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 3, 1894

4. Place of Birth, (Street and Number) 1201 H. M. Chester St.

5. Full Name of Mother, Mary A. Eunick

6. Mother's Maiden Name, " " Reiter

7. Mother's Birthplace, Baltimore

8. Full Name of Father, C. T. Eunick, Thomas K.

9. Father's Occupation, Electrician

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. B. F. Phelps

Address,

Remarks,

RETURN OF A BIRTH 52949
GIVEN NAME ADDED Board of Health Baltimore City.

RETURN OF THE
GIVEN NAME ABOVE
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.
Louise E. Harrison

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).....
2. Race or Color, (if not of the white race).....
3. Date of Birth,.....
4. Place of Birth, (Street and Number).....
5. Full Name of Mother,.....
6. Mother's Maiden Name,.....
7. Mother's Birthplace,.....
8. Full Name of Father,.....
9. Father's Occupation,.....
10. Father's Birthplace,.....

Name of Medical Attendant, or other person who makes this Return

Address,

Remarks,

[illegible]

RETURN OF A BIRTH 52952

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (State whether male or female) Female

2. Race or color, (if not of the white race) German

3. Date of Birth, Jan. 3d

4. Place of Birth, (Street and Number) 825 Stockton St.

5. Full Name of Mother, Annie Amelung

6. Mother's Maiden Name, Anna Müller

7. Mother's Birthplace, Germany

8. Full Name of Father, Herman J. Amelung

9. Father's Occupation, Baker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Grace M. Harris

Address, 818 Stockton St.

Remarks,

1 8 9 3 0 0 5 0 5 5

RETURN OF A BIRTH. 52953

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)...

2. Race or Color, (if not of the white race)-

3. *Date of Birth,*

4. *Place of Birth, (Street and Number).*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

1 8 9 3 0 0 5 0 5 4

RETURN OF A BIRTH. 52954

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 3rd

4. Place of Birth, (Street and Number) 607 N Carrollton Ave

5. Full Name of Mother, Emmie Louisa Buracker

6. Mother's Maiden Name, Emmie Louisa Goehle

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William P Buracker

9. Father's Occupation, Travelling Salesman

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Allegonda Shifer

Address, 641 Covert Ave

Remarks, OK

mother, and a full set of teeth as far as the same can be ascertained, the full name and account of the child, the date and place of birth, and the name of the person who attended the birth, shall be delivered, duly signed by the practitioner in attendance upon the mother, to the office of the Commissioner of Health, within the period above required, and every month to the office of the Commissioner of Health, or should the birth of any child occur without the attendance upon the mother by a physician or practitioner of health, the person he in attendance upon shall become the duty of the person or persons attending the birth, to report the birth of the child to the Commissioner of Health, and within the period above required, and every month to the office of the Commissioner of Health, and the person or persons attending the birth shall be liable to a fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st child*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Jan 3/93*
4. Place of Birth, (Street and Number) *117 Little Brent Street, W.*
5. Full Name of Mother, *Nasha Nejsuritz*
6. Mother's Maiden Name, *Nasha Nejsuritz*
7. Mother's Birthplace, *Russia*
8. Full Name of Father, *Haris Nejsuritz*
9. Father's Occupation, *Painter*
10. Father's Birthplace, *Russia*
- Name of Medical Attendant, or other person who makes this Return, *Mr. J. J. J. J.*
- Address, *117 Little Brent Street, W.*
- Remarks, _____

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*4. *Place of Birth.* (Street and Number)

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 3 0 0 0 5 0 6 0

RETURN OF A BIRTH. 52958

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9
 1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, Jan. 3d 1894
 4. Place of Birth, (Street and Number) Lancaster 1701
 5. Full Name of Mother Aggie Bacovaeck
 6. Mother's Maiden Name, Sodalska
 7. Mother's Birthplace, Poland
 8. Full Name of Father, Miles Bacovaeck
 9. Father's Occupation, Laborer
 10. Father's Birthplace, Poland
 Name of Medical Attendant, or other person who makes this Return, Harry Kroptka
 Address, 6012 Bond St.
 Remarks, _____

1930005061

been conferred) its sex, color, the full name and occupation of its parent, the date and place of birth; and the said schedule shall be delivered monthly signed by the practitioner of health, in case of a child born in any child shall occur upon the mother's attendance of a physician, or practitioner of midwifery, or the person or persons in such child to report its birth to the Registrar of Vital Statistics, within the period above stated, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52959

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2 of December January
4. Place of Birth, (Street and Number) Elm Street No 229
5. Full Name of Mother, Babara Koch
6. Mother's Maiden Name, Elenbach
7. Mother's Birthplace, Barmbeck (Barock)
8. Full Name of Father, Georg Koch
9. Father's Occupation, Cabman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Weiss

Address, 2522 Lancaster St

Remarks.

any schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the third day of each and every month to the Commissioner of Health. In case the birth of a child shall occur without the attendance of a physician or practitioner, the person or persons who shall attend upon the mother, immediately thereafter it shall become the duty of the person or persons in any such person or persons to comply with the provisions of this section, and shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 4th

4. Place of Birth, (Street and Number) 766 Hampden St

5. Full Name of Mother, Kate Korch

6. Mother's Maiden Name, Kate Schenck

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Ferdinand Korch

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this return, Kellyonda Phifer

Address, 641 So. Passa St

Remarks, 16930005065

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the date and place of its registration. The certificate shall be signed by the practitioner in the form of a certificate, and shall be delivered to the office of the Commissioner of Health, or to the office of the Registrar of Vital Statistics, on the third day of each and every month to the office of the Commissioner of Health, or to the office of the Registrar of Vital Statistics, shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, the Commissioner of Health, or the Registrar of Vital Statistics, shall be required, and the child in every case shall be registered, and the person or persons who shall hereafter fail to comply with the provisions of this section shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

over
52963
Name of Child: *William Edna Southard*
No of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Jan 21 1894*
4. Place of Birth, (Street and Number) *Baltimore Ind City*
5. Full Name of Mother, *Anna F Southard*
6. Mother's Maiden Name, *Feith*
7. Mother's Birthplace, *Baltimore Ind*
8. Full Name of Father, *Samuel L Southard*
9. Father's Occupation, *Engineer*
10. Father's Birthplace, *Baltimore Ind*
Name of Medical Attendant, or other person who makes this Return, *Dr. J. H. Southard*
Address, *414 S. Street*
Remarks, *Mother and child are doing well.*

This schedule shall contain a list of the names of all persons who have been born in this State, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month to the office of the Commissioner of Health, or to the office of the Registrar of Births, in each of the birth of any child, and the practitioner shall immediately thereafter it shall become the duty of the person or persons of each child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 52964

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Female*
 2. Race or Color, (if not of the white race) *Cafored*
 3. Date of Birth, *January 4th 1874*
 4. Place of Birth, (Street and Number) *2077 Bethel St. Balto Md.*
 5. Full Name of Mother, *Laura Seyell*
 6. Mother's Maiden Name, *Laura Lacomit*
 7. Mother's Birthplace, *Baltimore Md.*
 8. Full Name of Father, *William Lacomit*
 9. Father's Occupation, *Laborer*
 10. Father's Birthplace, *Baltimore Md.*
- Name of Medical Attendant, or other person who makes this Return. *Hester Menzies*
- Address,
- Remarks,

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date of birth; and the date of delivery; and every month to the office of the Commissioner of Health. In case the birth of an infant shall occur within a month of the expiration of the term of office of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth of the child, the duty of the person or persons of such any such person or persons who shall hereafter fail to comply with the provisions of this act shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 529 65

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Black

3. Date of Birth, Jan 14th 1894

4. Place of Birth, (Street and Number) 916 Little Pine

5. Full Name of Mother, Amanda M. Bond

6. Mother's Maiden Name, Amanda M. Thomas

7. Mother's Birthplace, Balto.

8. Full Name of Father, George W. Bond

9. Father's Occupation, Clerk

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Dr. A. P. Newcomb

Address, 677 George St. City.

Remarks,

1 8 9 3 0 0 0 5 0 6 9

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth the full name and occupation of the mother, the date and place of birth, and the sex of the child, if any shall have been conferred, and shall be delivered, duly signed by the physician, in the form of a certificate between the first and last of each and every month to the office of the Commissioner of Health. In case the birth occurs on the last day of the month, the certificate shall be delivered to the office of the Commissioner of Health, or midwife, or practitioner of midwifery, or midwife, or person be in attendance upon the mother, immediately thereafter. It shall become the duty of the physician, or practitioner of midwifery, or midwife, or person be in attendance upon the mother, to report to the Commissioner of Health, in the manner and within the period above required, and shall report its return to the Commissioner of Health, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 52966 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan. 4th 1894

4. Place of Birth, (Street and Number) 222 W. Huntington

5. Full Name of Mother, Katie Hester

6. Mother's Maiden Name, Manion

7. Mother's Birthplace, Ireland

8. Full Name of Father, Patrick Hester

9. Father's Occupation, Grocer

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, W. B. Warden

Address, 109 W. Bay St.

Remarks, L.O.D.A.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th child

1. Sex, (state whether male or female).

Female

2. Race or Color, (if not of the white race)

Apr: American

3. *Dale of Birth.*

Jan 4th 1894

4. *Place of Birth, (Street and Number)*

1605 Mc Elderry St.

5. Full Name of Mother,

Nellie Grant Brazz

6. *Mother's Maiden Name,*

Nellie Grant Hill

7. *Mother's Birthplace,*

Canada

8. *Full Name of Father,*

(Rev.) George Freeman Briggs

9. *Father's Occupation.*

Priest Protestant Episcopal Church

10. *Father's Birthplace,*

North Carolina

Name of Medical Attendant, or other person who makes this Return. *Wm. H. H. H.*

Mary E. Tibbs

Address,

914 Clifton Place

Remarks,

Mid-wife

RETURN OF A BIRTH. 52968

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
11

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Black

3. Date of Birth, *Dec 4th 1874*

4. Place of Birth, (Street and Number) *Goal Sanitary Hospital*

5. Full Name of Mother, Norman Stock

6. Mother's Maiden Name, Hannah Brown
7. Mother's Birthplace, Baltimore

7. Mother's Birthplace, Bolton County

8. Full Name of Father, Arthur Slock

9. Father's Occupation, Laborer

10. Father's Birthplace, Reids City

Name of Medical Attendant, or other person who makes this Return. *T. G. Smith, D.* 1980

Address, 1030 McCullough St. N.Y.C.

Remarks,

[illegible]

52969
~~52974~~

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

14.

Female

18 Lord

4. The January

570 Oxford St

370 Bedford St
Annie August Johnson
Thompson

Thompson

8 wishes on
8 letters

8 Sealers - 1000
William, D. & Co. Md.

London hills

Longbor filler

or other person who makes this Return.

Agnes H. Myers

713. *L. Mammillaria* sp.
remarks

No remarks

8 9 5 0 0 0 5 0 7 2

[illegible]

man, and shall be delivered, only signed by the practitioner in the form of a certificate between the first and second day of each, and every month to the office of the Commissioner of Health. In case the birth of any child shall occur upon the mother, immediately thereafter it shall become the duty of the person attending the birth to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52970

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, 4th Jan^y 1894

4. Place of Birth, (Street and Number) 11 North Chmisy St

5. Full Name of Mother, Resi Haenig

6. Mother's Maiden Name, Walbenheim

7. Mother's Birthplace, Hungarian Budapest

8. Full Name of Father, David Haenig

9. Father's Occupation, Tailor

10. Father's Birthplace, Hungarian Orpai

Name of Medical Attendant, or other person who makes this Return, Susan Stanton

Address, 11 North Chmisy St

Remarks, Mary Haenig

200 N. Poppleton St

6434005073

RETURN OF A BIRTH ⁵²⁹⁷¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if not of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

first female colored
fourth of January 1894
2026 Point St
Matie A. Colbert
" Colbert
Annapolis
Wm. Colbert
Law book officer
Annapolis
Wm. Waes
H. D. Jones

and shall set forth as far as this same can be ascertained the full name of each child, if any shall have been conceived, its sex, color, the full name and occupation of its parents, the date and place of birth, and the full day of each and every month to the date of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should not be reported to the Registrar of Births and Deaths, the Registrar of Births and Deaths shall be liable to a fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

CORRECTION

The preceding document has been re-
photographed to assure legibility and its
image appears immediately hereafter.

STATE OF MARYLAND

HR-RM 32
(4-1-64)
Hall of Records Commission

RETURN OF A BIRTH ⁵²⁹⁷¹

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female),

2. Race or Color (if nat of the white race),

3. Date of Birth,

4. Place of Birth (Street and Number),

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

first
female
colored
fourth of January 1894
2026 Front St
Mary A. Colbert
" Colbert
Annapolis
Wm. Colbert
Law book officer
Annapolis
Wm. Wafer
Wm. Wafer

1893005934

and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been con-
ferred, its sex, race or color, the date and place of birth; and the said schedule
shall be delivered, duly signed by the Commissioner of Health, to the Registrar of Vital Statistics, who shall
submit and every month to the office of the Commissioner of Health, to be entered in the birth register, and upon the
absence of a physician, the Registrar shall become the person or persons at such time as he or they shall be required to
the Registrar of Health, in the manner and within the period above required, and any such person or persons
who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars
for each offense, to be recovered as other fines and forfeitures are recoverable.

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child occurs within the jurisdiction of any practitioner, or should an other person be in attendance upon the mother, or should the mother be confined, it shall be the duty of the practitioner, or other person, or the mother, to report the birth of the child to the Commissioner of Health, in the manner and within the period above recited, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52972

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

3. Date of Birth,

4th January 1894

4. Place of Birth, (Street and Number)

787 Saratoga St.

5. Full Name of Mother,

Rebecca Kittel

6. Mother's Maiden Name,

Rebecca Horlekein

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Joseph Kittel

9. Father's Occupation,

Carpet Weaver

10. Father's Birthplace,

Germany

Name of Medical Attendant, or other person who makes this Return,

Susan Hunter

Address,

234th Pyramus St.

Remarks,

RETURN OF A BIRTH. 52973

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child,

1. Sex, (state whether male or female), Female.

2. Race or Color, (if not of the white race) white.

3. Date of Birth, Jan. 4. 1898.

4. Place of Birth, (Street and Number) Ind. Lying In Hospital.

5. Full Name of Mother, Ray Hamilton.

6. Mother's Maiden Name, Ph. Penn.

7. Mother's Birthplace, _____

8. Full Name of Father, Not known.

9. Father's Occupation, _____

10. Father's Birthplace, _____

Name of Medical Attendant, Wilmer Brimley, M.D.

Address, Ind. Lying in Hospital

Remarks, _____

18980005076

Health, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon a birth, to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this return,

Address,

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth.*4. *Place of Birth, (Street and Number)*5. *Full Name of Mother.*6. *Mother's Maiden Name,*7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address.—

Remarks.

month, and shall set forth as far as the same can be ascertained, the full name of each child of any child have been conferred its sex, color, the full name of its parents, the date and place of birth; and the said schedule shall be signed and every month, the full name of each child of any child shall come without the attendance of a physician, it shall become the duty of the person or persons of such child to appear upon the mother, commissioner of health, in the manner and within the time specified in this section, shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8 9 3 0 0 5 0 7 0

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in the case of any child born in the city of Baltimore, or in the case of any child born in any other city or town in the State of Maryland, to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, and the practitioner shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52976

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2

1. Sex, (state whether male or female)

male
white

2. Race or Color, (if not of the white race)

3. Date of Birth,

5 January 1894

4. Place of Birth, (Street and Number)

Boyle St Bateria No 2

5. Full Name of Mother,

Annie, D. White

6. Mother's Maiden Name,

Annie, D. Waters

7. Mother's Birthplace,

Baltimore city

8. Full Name of Father,

Henry White

9. Father's Occupation,

fatherman

10. Father's Birthplace,

Baltimore city

Name of Medical Attendant, or other person who makes this Return,

Cornelia Allen

Address,

12407 Nicholson St. city

Remarks,

1 8 9 3 0 0 0 5 0 7 9

RETURN OF A BIRTH 52977

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex (state whether male or female), *Male*

2. Race or Color (if not of the white race), *White*

3. Date of Birth, January 5 1894.

4. Place of Birth (Street and Number), 1037 Hillman St

5. Full Name of Mother, *Amelia Fleming,*

6. Mother's Maiden Name, Sanders

7. Mother's Birthplace, *Baltimore City*

8. Full Name of Father, *James. Drenth*

9. Father's Occupation, *grocer*

10. Father's Birthplace, *Baltimore.*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, Premature birth, Child only lived 15-

minutes after birth 5 0 8 0

[illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....
1. Sex, (state whether.....)

1. Sex, (state whether male or female)..... *Male*

2. Race or Color, (if not of the white race) Male
3. Date of Birth, 18 white

3. Date of Birth, _____
4. Place of Birth, (Street and Number) _____

4. Place of Birth, (Street and Number) Jan. 5 1884
5. Full Name of Mother, Bond Str 713
6. Anna
7. Local B

5. Full Name of Mother, Anna Lach Koski
6. Mother's Maiden Name, " Koski

6. Mother's Maiden Name, _____ " _____ Lach Kov
7. Mother's Birthplace, _____ " _____ Rasprovishy

7. Mother's Birthplace, Poland
8. Full Name of Father, Joseph

8. Full Name of Father, Dorey Poland
9. Father's Occupation Lachbrook

9. Father's Occupation Laborer

10. Father's Birthplace, *Laborer*
Name of Medical Attendant, *Poland*

Name of Medical Attendant, or other person who makes this Return

Address, _____ makes this Return, Harry Kroetz
 Remarks 602 S. 13th

Remarks, *W. S. Bond*

[illegible]

Wm. J. C. Dulany Co., City Printers and Stationers.

~~6 9 3 0 0 5 0 8 4~~

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)—

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth*4. *Place of Birth, (Street and Number)*5. *Full Name of Mother,*6. *Mother's Maiden Name.*7. *Mother's Birthplace,*

S. Full Name of Father,

9. *Father's Occupation*10. *Father's Birthplace*

Name of Medical Attendant

Address.

Remarks

1 2 3 4 5 6 7 8 9

3-11-65
GIVEN NAME ADDED: RETURN OF A BIRTH. 52983
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: *Alma Pauline Dietrich*
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5. Child
Girl

1. Sex, (state whether male or female).

White Race

2. Race or Color, (if not of the white race).

Born Jan 5th 1894

3. *Date of Birth.*

#341 Bantato Str

4. *Place of Birth.* (Street and Number)

341 25 Jan 1954
Moro Karsette Dietrich

5. Full Name of Mother.

Miss " Vogelmann

6. *Mother's Maiden Name,*

West Prussia Germ.

7. *Mother's Birthplace.*

Gottlieb Dietrich

5. *Full Name of Father*

Brewer

9. *Father's Occupation*

West Prussia Germany

10. *Father's Birthplace,*

Mrs. Miller

Name of Medical Attendant, or other person who makes this Return.

4 2127 W. Pratt Str

Address.

Remarks,

1 6 9 7 0 0 3 0 3 6

RETURN OF A BIRTH.

52984

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *2. I.*
 1. Sex, (state whether male or female). *Girl and a Boy.*
 2. Race or Color, (if not of the white race). *white.*
 3. Date of Birth, *5. January.*
 4. Place of Birth, (Street and Number). *N. 403. Shappeel Street.*
 5. Full Name of Mother, *Anna König.*
 6. Mother's Maiden Name, *Anna Frunk.*
 7. Mother's Birthplace, *Germany.*
 8. Full Name of Father, *Engelhart König.*
 9. Father's Occupation, *Laborer.*
 10. Father's Birthplace, *Washington.*
 Name of Medical Attendant, or other person who makes this Return, *Marie Bloss.*
 Address, *N. 1906. Fairmount av.*
 Remarks,

1 8 9 3 0 0 0 5 0 8 7

and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred; his sex, date of birth, race or color, the date and place of birth, first and last names of the mother and father, and the name of the physician or practitioner of medicine who attended the birth of any child, and every month to the office of the Commissioner of Health. Should no other person be in attendance upon the mother, the Commissioner of Health, or his assistant, shall be deemed to have such report in the absence of the mother, and shall comply with the provisions of this act, and shall be subject to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female)

3. *Date of Birth,*

5. *Full Name of Mother,*

7. *Mother's Birthplace,*

9. *Father's Occupation.*

Father's Birthplace, _____
Name of Medical Attendant, _____ or other person who makes this Return, _____
1917

Remarks,

any such person who shall neglect to report its birth to the practitioner of health, to be recovered as other fines and forfeitures are recoverable. Any such person who shall neglect to report its birth to the practitioner of health, to be recovered as other fines and forfeitures are recoverable. Any such person who shall neglect to report its birth to the practitioner of health, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52987

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Dec. 24 1921

4. Place of Birth, (Street and Number) 317 Second St.,

5. Full Name of Mother, Caroline

6. Mother's Maiden Name, Witty

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Jones

9. Father's Occupation, Merchant

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Jones

Address, 1212 E. Baltimore St.

Remarks,

1 6 2 3 0 0 9 5 8 9 0

him, or infant, with its sex, color, the full name and occupation of its parents, the date and place of birth; and the best schedule shall be delivered, duly signed by the physician or practitioner of midwifery, or should no such certificate be furnished, by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall become the duty of the mother or parents of such attendance within the month, immediately thereafter it shall become the duty of the mother or parents of such attendance to report the birth to the Commissioner of Health. In the case of any child born within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH, 52988

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th. Child.

1. Sex (state whether male or female) Male.

2. Race or Color, (if not of the white race) White.

3. Date of Birth Jan. 6.

4. Place of Birth. (Street and Number) 1827 E. Biddle St.

5. Full Name of Mother Bridget Alice Dudley

6. Mother's Maiden Name Bridget Gaffney

7. Mother's Birthplace Baltimore

8. Full Name of Father Robert Clinton Dudley

9. Father's Occupation Clerk in City's employ

10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Kate Loughan

Address 1048 N. Gay St.

Remarks Doing well.

at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

9 9 3 0 0 0 5 0 0 1

RETURN OF A BIRTH. 52989

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4. Child.

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White Race

3. Date of Birth, Born Jan. 6. 1894

4. Place of Birth, (Street and Number) 2123 Hollins St

5. Full Name of Mother, Mrs. Elizabeth Kelly

6. Mother's Maiden Name, Miss Hageman

7. Mother's Birthplace, Balto. City

8. Full Name of Father, Thomas Kelly

9. Father's Occupation Labor

10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other person who makes this Return, Mrs. Keller

Address, 2127 W. Pratt St

Remarks,

1 8 9 3 0 0 5 0 9 2

RETURN OF A BIRTH. 52990
ce of Registrar of Vital Statistics

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother.

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*—

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return,


Address.

Remarks.

[illegible]

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).. 

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race): *Black*

3. Date of Birth, Jan. 6/02

4. *Place of Birth, (Street and Number)* 2764 Essex St

5. Full Name of Mother, *Blanch White*

6. Mother's Maiden Name, Elizabeth Condit

7. Mother's Birthplace, Brooklyn

8. Full Name of Father, *John F. Kennedy*

9. Father's Occupation..... Clerk

10. Father's Birthplace, Belgium

Name of Medical Attendant, or other person who makes this Return

Address... 1903 Georgia St.

Remarks,

8 9 3 0 0 0 5 0 9 4

RETURN OF A BIRTH.

To the Office of **CERTIFICATE CORRECTED 6-22-54** Registrar of Vital Statistics, Board of Health, Baltimore City. **52992**

Name: **Theodore Edward Kloch**
 No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)
 1. Sex, (state whether male or female) **Male**
 2. Race or Color, (if not of the white race)
 3. Date of Birth, **January 6th 1894**
 4. Place of Birth, (Street and Number) **14 N. Front St.**
 5. Full Name of Mother, **Ida Hedora Kloch**
 6. Mother's Maiden Name, **" " Oelmann**
 7. Mother's Birthplace, **Baltimore City**
 8. Full Name of Father, **Arthur W. Kloch**
 9. Father's Occupation, **Successor**
 10. Father's Birthplace, **Baltimore City**
 Name of Medical Attendant, or other person who makes this Return, **J. Ridgway Andre M.D.**
 Address, **1123 S. BAL**
 Remarks,

8930005095

RETURN OF A BIRTH.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color. (if not of the white race) *Asian*

3. *Date of Birth,*

4. Place of Birth, (Street and Number)

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10: *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return

Address, ..

Remarks,

~~8 9 3 0 0 0 5 0 9 6~~

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the date when each child was delivered, duly signed by the practitioner in the form of a certificate between the first and third of each month, and shall be filed in the office of the Registrar of Vital Statistics, and shall be subject to the attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52994

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.)

Saintbury Childroad 16

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

Race color

3. Date of Birth,

Born 11 o'clock Saldan January 6 1894

4. Place of Birth, (Street and Number)

Colroll Street 7428

5. Full Name of Mother,

Elizabeth Mollock

6. Mother's Maiden Name,

Elizabeth Mill

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Henry Mollock

9. Father's Occupation,

Labor

10. Father's Birthplace,

Cambridge

Name of Medical Attendant, or other person who makes this Return,

E. Laurence Mill

Address,

H. & She is feeling very well

Remarks,

8930005097

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

52995

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd
1. Sex (state whether male or female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth January 6th 1894
4. Place of Birth (Street and Number) 616 W. Dune St.
5. Full Name of Mother Rose Edith Mitchell
6. Mother's Maiden Name Rose Edith Mitchell
7. Mother's Birthplace St. Mary County Md.
8. Full Name of Father James Albert Mitchell
9. Father's Occupation Clerk
10. Father's Birthplace Balto Md.
Name of Medical Attendant, or other Person who makes this Return. E. Wicheau M.D.
Address 407 Sharp St.
Remarks

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

52996

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

white

3. Date of Birth

January 6/84

4. Place of Birth (Street and Number)

616 W. Bond St

5. Full Name of Mother

Rose Edith Mitchell

6. Mother's Maiden Name

Rose Edith Fenwick

7. Mother's Birthplace

St Mary Co Md

8. Full Name of Father

James Albert Mitchell

9. Father's Occupation

Clerk

10. Father's Birthplace

Baltimore City

Name of Medical Attendant, or other Person who makes this Return.

E. Michener M.D.

Address

407 Sharp St

Remarks

9230005099

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall be for each day of the month, the full name of each child, if any shall have been born, the sex, color, the full name and occupation of its parents, the date and place of birth, and the date and place of delivery. It shall be signed by the practitioner in the form of a certificate of the birth of any child, and shall be filed in the office of the Commissioner of Health, or should no other person be in attendance upon the mother, in the office of a physician, or in the office of the Commissioner of Health, in the manner and within the period above required, and shall be subject to the provisions of the law in that behalf made. Any person who shall neglect or fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 52997

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) - 5 - Child -
1. Sex, (state whether male or female) - male -
2. Race or Color, (if not of the white race) - color -
3. Date of Birth, Dec 6
4. Place of Birth, (Street and Number) 303 - Duncan. Bldg
5. Full Name of Mother, Kate Palmer
6. Mother's Maiden Name, Kate Anderson
7. Mother's Birthplace, Bal - MD -
8. Full Name of Father, Charles E. Palmer
9. Father's Occupation, Driver
10. Father's Birthplace, Talbot County. MD
- Name of Medical Attendant, or other person who makes this Return, Rebecca Murray
- Address, 1412 Jefferson St.
- Remarks,

1893 DEC 6 5 10 0

Health, and for every child set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered to the Registrar in the form of a certificate between the first and third day of each and every month to the office of the Registrar, or practitioner of midwifery, or other person who shall occur without the attendance of a physician or practitioner of midwifery, or otherwise, and the birth of any child shall occur upon the mother, immediately thereafter it shall become the duty of the person or persons so being called upon to give birth to the Registrar, or Registrar of Health, in the manner and within the period above required, and any such person or persons who fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 52999

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Color

3. Date of Birth, Jan 6 # 1894

4. Place of Birth, (Street and Number) 521 Reassess alley

5. Full Name of Mother, Henrietta Price

6. Mother's Maiden Name, Henrietta Davis

7. Mother's Birthplace, Washington, D.C.

8. Full Name of Father, William D. Price

9. Father's Occupation, Labor

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Charlotte Williams

Address, 715 Leaders - Hall St

Remarks, _____

1 8 9 3 0 0 5 1 0 2

Health. This certificate shall contain a full name of each child, if any shall have been conferred its sex, color, the full name of its parents, the date and place of birth; and the said certificate shall be returned to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present at the birth of the child, or should the child be born during the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 53000

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *3rd*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Jan 6th 93*

4. Place of Birth, (Street and Number) *1133 Franklin St*

5. Full Name of Mother, *Lizzie Yeager*

6. Mother's Maiden Name, *Lizzie Yeager*

7. Mother's Birthplace, *Balto Co Md*

8. Full Name of Father, *George Yeager*

9. Father's Occupation, *Glass Blower*

10. Father's Birthplace, *Balto City*

Name of Medical Attendant, or other person who makes this Return. *Edw Greenupher M.D.*

Address, *517 East Street*

Remarks, _____

knowing, only a child can be born as full as the same can be declared, the date and place of birth; and the human conferred; its sex, color, the full name and location of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health, who should no other person be in shall occur within the month, the immediate presence of a physician or practitioner of medicine, the day of the person or persons of such child in report its birth to the Commissioner, immediately thereafter, in the manner and within the provisions of this section above required, and any such person or persons who shall fail to comply with the provisions of this section, or who shall be convicted for failure to do so, shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 5-10-57
RETURN OF A BIRTH. 53001

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Flora Billig

No. of Child of Mother, (state whether) 1st, 2d, 3d, &c. 3

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 6th 1894

4. Place of Birth, (Street and Number) 1239 The Elderry St Baltimore Md

5. Full Name of Mother, Golda Billig

6. Mother's Maiden Name, Golda Goldziorek

7. Mother's Birthplace, Palastina

8. Full Name of Father, Emanuel Billig

9. Father's Occupation, Presser

10. Father's Birthplace, Austria

Name of Medical Attendant, or other person who makes this Return, Marie Elias

Address, 1242 The Elderry St

Remarks,

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the date of its delivery, shall be delivered, duly signed by the practitioner in the form of a certificate between the third day of the month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, the birth of such child shall be reported to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53003

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child.
1. Sex, (state whether male or female). Male
2. Race or Color, (if not of the white race). White
3. Date of Birth, 6 January 1894.
4. Place of Birth, (Street and Number). Garrett St. - 1329.
5. Full Name of Mother, Maria Schutter.
6. Mother's Maiden Name, Maria Fiedler.
7. Mother's Birthplace, Germany.
8. Full Name of Father, George Schutter.
9. Father's Occupation, Laborer.
10. Father's Birthplace, Germany.
- Name of Medical Attendant, or other person who makes this Return, Lizzie Schuffe.
- Address, Fort Ave. St. 1312.
- Remarks, -

18930005105

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. Date of Birth, January 7 1894

4. Place of Birth, (Street and Number) West St 80

5. Full Name of Mother, Martha Jones

6. Mother's Maiden Name, Myraa Tales

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Thomas

9. Father's Occupation..... labourer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, *Walter Moore*
Address, *No 124 11th St* *Sassat Sage Wilbur*

Address, No 124, West Huron st

Remarks, full 9 months

[illegible]

month, and shall set forth as far as the same can be ascertained, the full name of each child, the date and place of birth, and the name of the mother, and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the birth of a child, to a public health officer, or should no other person be in attendance upon the birth of a child, to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be deemed to be guilty of a misdemeanor, and shall be liable to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

5307

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 7 January

4. Place of Birth, (Street and Number) Albion St. 1033

5. Full Name of Mother, Magdalene Podel

6. Mother's Maiden Name, Kasovic

7. Mother's Birthplace, Osteraich

8. Full Name of Father, Josef Podel

9. Father's Occupation, Lumberman

10. Father's Birthplace, Osteraich

Name of Medical Attendant, or other person who makes this Return, Marie Podel

Address, L. Bond St.

Remarks, _____

5 9 5 0 0 5 1 1 0

RETURN OF A BIRTH.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th time

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex. (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth.*

4. *Place of Birth, (Street and Number).*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks,

0 9 3 0 0 0 5 1 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 53009

[illegible]

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2. Race or Color, (if not of the white race).

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name.*

7. *Mother's Birthplace:*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks,

RETURN OF A BIRTH. 53010

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

5 9 3 0 0 0 5 1 1 3

Section 101 of the Health Code of the City of Baltimore, 1891, provides that every child, at the time of its birth, shall be registered by the Registrar of Vital Statistics, who shall receive from the mother or other person who makes the return, a statement of the child's sex, race or color, date of birth, place of birth, full name of mother, mother's maiden name, mother's birthplace, full name of father, father's occupation, father's birthplace, name of medical attendant, or other person who makes the return, and address. The Registrar shall enter this statement in a book to be kept for that purpose, and shall issue to the mother or other person who makes the return, a certificate of the child's birth, which shall be a receipt for the same. The Registrar shall also issue to the mother or other person who makes the return, a certificate of the child's birth, which shall be a receipt for the same. The Registrar shall also issue to the mother or other person who makes the return, a certificate of the child's birth, which shall be a receipt for the same.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been conferred its sex, color, the full name of its mother, the date and place of birth, and the date and place of its registration, and shall be signed by the practitioner in the form of a certificate between the first and third of every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the mother to report to the Commissioner of Health, in writing, the date and place of birth, and the name of the child, and if any such person or persons shall fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53012

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *8th*
1. Sex, (state whether male or female) *female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *2d of January*
4. Place of Birth, (Street and Number) *306 Callington Avenue*
5. Full Name of Mother, *Mathilde Verguefer*
6. Mother's Maiden Name, *Leont*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *Joseph Verguefer*
9. Father's Occupation, *Saloon*
10. Father's Birthplace, *Baltimore*
- Name of Medical Attendant, or other person who makes this Return, *Mrs E. Weiss*
- Address, *2524 Lancaster Street*
- Remarks,

18930005115

RETURN OF A BIRTH. 53013-
Statistics Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Male
1. Sex, (state whether male or female) White
2. Race or Color, (if not of the white race)
3. Date of Birth, 7 Jan 1874
4. Place of Birth, (Street and Number) 25 E 1st St
5. Full Name of Mother, Joseph Lazinsky
6. Mother's Maiden Name, Wojcik
7. Mother's Birthplace, Russia
8. Full Name of Father, Benjamin Lazinsky
9. Father's Occupation, Coalman
10. Father's Birthplace, Russia
Name of Medical Attendant, E. J. Sullivan or other person who makes this Return.
Address, 22 Allen St
Remarks, _____

No.

1.
2.
3.
4.

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the date of delivery; and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately after the birth of the child, in the manner and within the period above required, and any such person who fails to do so shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Aug 7, 1894

4. Place of Birth, (Street and Number)

704 W. Bond St

5. Full Name of Mother,

Maggie Connolly

6. Mother's Maiden Name,

Maggie Mackenuth

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Thomas E. Connolly

9. Father's Occupation

Paper Hanger

10. Father's Birthplace,

Baltimore Md

Name of Medical Attendant, or other person who makes this Return,

Susan Glendon

Address,

23 W. Poppleton St

Remarks,

53018

BALTIMORE CITY.

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Jan 7th 1892

5 Oct. a.m.

No 5. S. Carvelton ave

Mary Stanbaugh

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Baltimore

A H. Fayton M.D.

1136 white embryo 200

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NY & CO., CITY PRINTERS AND STATIONERS.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female)

3. *Date of Birth*,

5. Full Name of Mother,

7. *Mother's Birthplace,*

9. *Father's Occupation*

Name of Medical Attendant, or other person who makes this Return.

Remarks.

[illegible]

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the date and place of death, shall be signed by the practitioner in the form of a certificate between the third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the certificate shall be signed by the mother, immediately thereafter it shall become the duty of the person or persons be in charge of the child to the Commissioner of Health, in the manner and within the time hereafter required, and any person or persons who shall fail to comply with the provisions of this section shall be liable to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53021

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Black race

3. Date of Birth, 8. Jan. 1894

4. Place of Birth, (Street and Number) 1206 Spring St

5. Full Name of Mother, Flora B. Barnett

6. Mother's Maiden Name, Lanman

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Joseph Lanman

9. Father's Occupation, Car Driver

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs. F. H. H. H.

Address, 713 Little Missouri St.

Remarks, Not a mark.

Balto

6930005124

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 101

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan. 8th 1894.

4. Place of Birth, (Street and Number) 1705 Ainsworth St.

5. Full Name of Mother, Mary A. Sullivan

6. Mother's Maiden Name, Mary A. Sadler

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, John G. Sullivan

9. Father's Occupation, Painter

10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other person who makes this Return, Wilmer Britton, M.D.

Address, Cor. Calvert + Preston Sts.

Remarks,

1 8 9 3 0 0 5 1 2 5

RETURN OF A BIRTH. 530 25

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)* H. 10

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, his sex, color, the full name and occupation of his parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate, to the parents of the child, or to the person who has charge of the child, on the third day of each and every month to the office of the Registrar of Vital Statistics, or should no other person be in attendance without the attendance of a duly qualified midwife, or should no other person be in attendance without the attendance of a duly qualified midwife, it shall become the duty of the person or persons of such child to appear at its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53026.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th

1. Sex, (state whether male or female).

female

2. Race or Color, (if not of the white race).

white

3. Date of Birth.

January 8th 1894

4. Place of Birth, (Street and Number).

117 Randall St

5. Full Name of Mother.

Henrietta Mills

6. Mother's Maiden Name.

Henrietta Wagner

7. Mother's Birthplace.

Germany

8. Full Name of Father.

James Mills

9. Father's Occupation.

Glass Blower

10. Father's Birthplace.

England

Name of Medical Attendant, or other person who makes this Return.

Edithine H. Morris

Address,

No 1547 Byrd St

Remarks,

18930005129

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any, shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, connected with the birth of such child, the practitioner of health, in the manner and within the period above specified, shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

first

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

white

3. Date of Birth,

January 8th 1894

4. Place of Birth, (Street and Number)

1834 N. Avenue St.

5. Full Name of Mother,

Mary H. Miller

6. Mother's Maiden Name,

" " Thomas

7. Mother's Birthplace,

Martinsburg N. Va.

8. Full Name of Father,

Harry Miller

9. Father's Occupation

Bookman

10. Father's Birthplace,

Baltimore City

Name of Medical Attendant, or other person who makes this Return,

Robt. C. Scheide M.D.

Address,

1458 Riverside Ave.

Remarks,

18930005130

53028

BALTIMORE CITY.

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Chas. B. Rogers

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RETURN OF A BIRTH. 53029

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1st.*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Jan. 9th. 1893*

4. Place of Birth, (Street and Number) *1002 Hellen St*

5. Full Name of Mother, *Aliee M. McCalm.*

6. Mother's Maiden Name, *Aliee Mc Gann.*

7. Mother's Birthplace, *Balt. Md.*

8. Full Name of Father, *Robert McCalm.*

9. Father's Occupation, *Bicycle Dealer*

10. Father's Birthplace, *Balt. Md.*

Name of Medical Attendant, or other person who makes this Return, *Werner Bruntow, M.D.*

Address, *Calvert & Pine St.*

Remarks,

1 8 9 3 0 0 0 5 1 3 2

RETURN OF A BIRTH. 53030

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race).

3 *Date of Birth,*4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

[illegible]

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex. (state whether male or female).

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks.

being conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the date of its birth, shall be delivered, only signed by the practitioner in the immediate presence of the father and mother, to the third day of each and every month to the officer or practitioner of midwifery. In case the birth of any child shall occur without the attendance of a midwife, it shall be the duty of the person participating in the birth to appear upon birth to the Commissioner of Health. In the manner and provisions of this section shall be substituted for each person or persons who shall hereafter fail to comply with the provisions of this section, the sum of ten (\$10) dollars for each failure, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2. Race or Color, (if not of the white race).

3. Date of Birth, Feb 10 1899 at East

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

[illegible]

RETURN OF A BIRTH. 53033

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Child of Mother, (state whether 1st, 2d, 3d, &c.)

State whether Male or Female

or Color (if not of the white race)

of Birth

of Birth (Street and Number)

Name of Mother

er's Maiden Name

er's Birthplace

Name of Father

er's Occupation

er's Birthplace

of Medical Attendant, or other Person who makes this return

ress

arks

8930005136

RETURN OF A BIRTH.

RETURN OF

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1st

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

1. Sex, (state when female)
2. Race or Color, (if not of the white race)-

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks,

[illegible]

RETURN OF A BIRTH
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female).

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race).

3. Date of Birth.

3. Date of Birth.....
4. Place of Birth, (Street and Number) Pa

5. Full Name of Mother,.....

6. Mother's Maiden Name,

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation,*

10. *Father's Birthplace,*

Father's Birthplace,.....

Name of Medical Attendant,..... or other Person who makes this Return.

Address,

Remarks.

No. 1.
2.
3.
4.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

Male

Caucasoid

9 of January

Baltimore 204 Dallas St.

Willie Wilson

Willie Lee

St. Marks Co. Md

Charles Wilson

Laborer

Cambridge Md

Caroline Patterson

401 Lewis St Baltimore

Living as well as can

expect

months, and shall set forth as far as the same can be ascertained the full name of each child, (if any) shall have been conferred; his sex, color, the full name and occupation of its parents, the date of birth, (if any) the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of Health, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, or any such person or persons who shall hereafter fail to comply with the provisions of this section, and be liable to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53039

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Sex, (state whether male or female), Male

2. Race or Color, (if not of the white race), White

3. Date of Birth, September 28 1897

4. Place of Birth, (Street and Number), Baltimore Md. 1253

5. Full Name of Mother, Ellice Wilson

6. Mother's Maiden Name, Ellice Wilson

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, James Wilson

9. Father's Occupation, Teacher

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Dr. J. H. Wilson

Address, 414 St. Paul St. Baltimore Md.

Remarks, Infant and mother are doing well

Every person who is required to file a certificate between the first and third day of each and every month to the office of the Registrar of Health, shall be liable to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1 8 9 3 0 0 3 1 4 2

RETURN OF A BIRTH.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth, (Street and Number).*

5. Full Name of Mother.

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

[illegible]

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed and attested, to the Registrar of Vital Statistics, Baltimore City, on or before the first day of each and every month to the office of the Registrar of Vital Statistics, Baltimore City, and the Registrar of Vital Statistics, Baltimore City, shall, without the attendance of a physician or a midwife, immediately thereafter, it shall be the duty of the Registrar of Vital Statistics, Baltimore City, to report its birth to the Registrar of Vital Statistics, Baltimore City, and the Registrar of Vital Statistics, Baltimore City, shall be liable to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53043

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Jan 10 - 91*

4. Place of Birth, (Street and Number) *Glencliff Maryland & Md*

5. Full Name of Mother, *Mary Abelle Caples*

6. Mother's Maiden Name, *Mary A. Parker*

7. Mother's Birthplace, *Balto & Md*

8. Full Name of Father, *Francis Martin Caples*

9. Father's Occupation, *Farmer*

10. Father's Birthplace, *Balto & Md*

Name of Medical Attendant, or other person who makes this Return, *Flora Pollack*

Address, *1112 Euter St North*

Remarks, _____

RETURN OF A BIRTH. 53044

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 10th of January 1894

4. Place of Birth, (Street and Number) 209 Park St.

5. Full Name of Mother, Margi White

6. Mother's Maiden Name, Clark

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William White

9. Father's Occupation, labeler

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Weiss

Address, 2522 Lancaster St.

Remarks,

8930005147

month, and shall set forth as far as the same can be ascertained the full name of each child, its sex, color, date of birth, and the date of its registration; and shall also state the occupation of its parents, the date of its birth, and the date of its registration. In case the birth of any child occurs on the third day of each month, the full name of the child, its sex, color, date of birth, and the date of its registration, shall be reported to the office of the Registrar of Vital Statistics, Board of Health, by the physician or midwife, or should no other person of such age and legal capacity be present at the birth, by the mother, immediately after the birth, in the manner and within the time specified in this section. It shall become the duty of the physician or midwife, or other person of such age and legal capacity, to report the birth of any child to the office of the Registrar of Vital Statistics, Board of Health, and to file a copy of the return so made with the Registrar of Vital Statistics, Board of Health, and to be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

must shall set forth as far as the same can be ascertained the full name of each child, (if any child have been con-
terred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate
shall be delivered, and the full name of the practitioner in the form of a certificate between the first and third day of
each and before the birth of any child, to the office of the Commissioner of Health. In case the birth of any child shall occur upon the
mother, immediately thereafter it shall become the duty of the person or persons named in the certificate to report the birth to
the Commissioner of Health. In the manner and within the period of time prescribed, and any agent, person or persons
who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars
for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 53045

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second 2nd of*

1. Sex (state whether male or female), *Male*

2. Race or Color (if not of the white race), *White*

3. Date of Birth, *January 10th 1894*

4. Place of Birth (Street and Number), *633 Duane Place [W] Chester St*

5. Full Name of Mother, *Eugene Grund*

6. Mother's Maiden Name, *Eugene Otto*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *Gustav Grund*

9. Father's Occupation, *Cutting Cutter*

10. Father's Birthplace, *Germany*

Name of Medical Attendant, or other person who makes this Return. *H. E. Roakes M.D.*

Address, *1519 E. Baltimore St*

Remarks,

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

Thorp. 2nd

1. Sex, (state whether male or female).

Maale

2. Race or Color, (if not of the white race)

White

3. *Date of Birth,*

10th Jan 1894

4. *Place of Birth, (Street and Number).*

1804 Boyd St. B. Finckle

5. *Full Name of Mother,*

Miss Mary F. Garrison

6. *Mother's Maiden Name,*

Miss Mary Higginson

7. *Mother's Birthplace.*

Roscommon Co. Ireland

8. *Full Name of Father,*

Patrick Garvey

9. Father's Occupation

Labourey

10. *Father's Birthplace,*

James O. Selway Ireland

Name of Medical Attendant, or other person who makes this Return.

James M. Burton

Address,

Remarks,

1 6 9 7 0 0 5 1 4 9

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred, its sex, date and place of birth, the name and occupation of its parents, the date and place of its birth, the date of its delivery, duly signed by the practitioner in the form of this certificate, and in case the birth of any child shall occur without the attendance of a physician, or should no other person be in attendance upon the mother, the mother, or the person who shall become the duty of the person or persons of such child in report to the Commissioner of Health, in the manner and within the time prescribed in this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Wasp

3. Date of Birth, 10 Janu

4. Place of Birth, (Street and Number) Chesapeake St. 1005

5. Full Name of Mother, Meri Rehak

6. Mother's Maiden Name, Maslej

7. Mother's Birthplace, Hungary

8. Full Name of Father, Karl Rehak

9. Father's Occupation, carriage

10. Father's Birthplace, Bohmen

Name of Medical Attendant, or other person who makes this Return, Marie Press

Address, 1. Bond St. 838

Remarks, _____

593005151

RETURN OF A BIRTH. 53049

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).....2

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race).....*White*

3. Date of Birth, 10 January 1922

4. Place of Birth, (Street and Number) Chittagong 1709

5. Full Name of Mother, Rola Brinsford

6. Mother's Maiden Name, Ella Smith

7. Mother's Birthplace,

8. Full Name of Father, antonio benito

9. *Father's Occupation,* Fireman, N.Y.C.

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Dr. J. W. Morris

Address 1880 1st Ave. N.E.

Remarks, 2
410[illegible]

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a correct list of such births, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health, and shall set forth in said schedule a list of the births which have occurred under his or her care during the month, and shall set forth in said schedule the full name and residence of the mother, the sex, color, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health, in case the birth occurs within the attendance of a physician or practitioner of midwifery, or should no other person be present, the attendance of a physician or practitioner of midwifery, or should no other person be present, the child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

Male

White

June 11/94

1520 Madison av

Mrs C. Webb

Mrs C. Lippincott

Baltimore

Herb Webb

Merchant

Baltimore

Geo W Harris M.D

1801 Prattman

Statistics in the City of Baltimore

[illegible]

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address.

Remarks,

1 8 9 3 0 0 0 5 1 5 4

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under a license shall keep a true and correct record of every birth which shall be reported to the Registrar of Births, and shall enter the same on blank forms to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained the full name of each child, (if any), the date and place of birth, the sex, color, the day and month of its birth, and the name of the person or persons who attended the birth, and shall cause the same to be signed by the practitioner in the form of a certificate, and in case the birth of any child shall occur upon the attendance of a physician or practitioner of medicine, the certificate shall be signed by such person or persons who shall be subject to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subject to a fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

56798

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 11th - 1894.

4. Place of Birth, (Street and Number) 410 W. Franklin St.

5. Full Name of Mother, Annie Pauline Nichols

6. Mother's Maiden Name, Annie Pauline Walter

7. Mother's Birthplace, Baltimore, Md.

8. Full Name of Father, Cyrenius Lewis Nichols

9. Father's Occupation, Physician

10. Father's Birthplace, Hanover Co. Virginia.

Name of Medical Attendant, or other person who makes this Return, Wm. J. C. Dulany

Address, 210 W. Franklin St.

Remarks, Mother 22 years & 7 mths. of age
Further 23 yrs. 2 mths. Married Apr. 19, 1892.

RETURN OF A BIRTH. 53050

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 10/24

4. Place of Birth, (Street and Number) 327 German Alley

5. Full Name of Mother, Emma Skinn

6. Mother's Maiden Name, Pauline Stinson

7. Mother's Birthplace, Sumner

8. Full Name of Father, Frank Skinn

9. Father's Occupation, Laborer

10. Father's Birthplace, Sumner

Name of Medical Attendant, or other person who makes this Return, Mary E. Huggins

Address, 1723 George St

Remarks,

1 8 9 3 0 0 0 5 1 5 6

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any, shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of its birth, and the date and place of its delivery, and shall also set forth the name of the physician or practitioner of health, in case the birth of any child shall occur without the attendance of a physician or practitioner of health, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, and the said person or persons shall be liable for the same, and any such person or persons who shall fail to comply with the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53051

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, January 10 1894

4. Place of Birth, (Street and Number) No. 44 Loudon St

5. Full Name of Mother, Ellie Keady

6. Mother's Maiden Name, Ellie Mack

7. Mother's Birthplace, Germany

8. Full Name of Father, James Keady

9. Father's Occupation, Mariner

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, _____

Address, _____

Remarks, _____

8930005157

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any) shall have been conferred), its sex, color, the full name of the practitioner in the form of a certificate, the place of birth, and the date of birth of each, and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child, or of the mother, to cause the birth of such child to be recorded in the manner and form provided for in any such person or persons who shall hereafter fail to comply with the provisions of this act, shall be liable to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53052

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 10 of January

4. Place of Birth, (Street and Number) 609 Luzzane St.

5. Full Name of Mother, Mary Wächter

6. Mother's Maiden Name, Betz

7. Mother's Birthplace, Kuthenkirchen (Bavaria)

8. Full Name of Father, Michael Wächter

9. Father's Occupation, Labeler

10. Father's Birthplace, Prüssig (Bavaria)

Name of Medical Attendant, or other person who makes this Return, Mrs. G. Weiss

Address, 2522 Lancaster St.

Remarks,

8 9 3 0 0 0 5 1 5 8

RETURN OF A BIRTH. 53053 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Nov. January 10, 1894.

4. Place of Birth, (Street and Number) 922 E. Pratt str

5. Full Name of Mother, Jan. Kirschenbaum

6. Mother's Maiden Name, Eunice

7. Mother's Birthplace, Germany

8. Full Name of Father, David Kirschenbaum

9. Father's Occupation, Eunice

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. E. Eter str

Remarks, 18930005159

53054

2 nd

Female
white

white

Jan 11/94
1121 N. Guild

Jan 11/1
1121 N. Giltoun Ave
M. Robertson

Ida M. Gilbertson
Mannford

Manford

Ohio

John W. Culbertson
Carpenter

Carpenter

Pennsylvania

Pennsylvania
Jas. C. Gibbons M.D.

Ylva
Jas. C. Gibbons M.D.

Medical Attendant, make this return. *1102 W. Lafayette Ave*

8-9-30 0005

John Murphy & Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred, its sex, color, the full name and occupation of its father, the date of its birth, and the place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the office of the Commissioner of Health, in case the birth of a child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, to the nearest police officer, who shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the form of a certificate, and the person or persons so failing to comply with the provisions of this act shall be subjected to the fine of ten (\$10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53055

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 11 of January
4. Place of Birth, (Street and Number) 2305 Lancaster St.
5. Full Name of Mother, Mary Pierner
6. Mother's Maiden Name, Hamp
7. Mother's Birthplace, Baltimore
8. Full Name of Father, J. Pierner
9. Father's Occupation, painter
10. Father's Birthplace, Lat. Prussia (Prussian)
- Name of Medical Attendant, or other person who makes this Return, Mr. E. Weiss
- Address, 2522 Lancaster St.
- Remarks,

8930005161

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the physician or practitioner of midwifery, or should no other person be present, by the mother, immediately thereafter it shall become the duty of the physician or practitioner of midwifery, or should no other person be present, by the mother, to report its birth to the Commissioner of Health, in the manner prescribed by the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense; to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53057

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *11 January 1894*

4. Place of Birth, (Street and Number) *1 Barronish St Balto Md*

5. Full Name of Mother, *Dorothy Kirby*

6. Mother's Maiden Name, *Dorothy Phillips*

7. Mother's Birthplace, *Baltimore Md*

8. Full Name of Father, *Joseph Kirby*

9. Father's Occupation, *labor*

10. Father's Birthplace, *Baltimore Md*

Name of Medical Attendant, or other person who makes this Return, *Cornelia Allen*

Address, *1407 Nicholson St Balto Md*

Remarks, _____

8930005163

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and the last day of every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance upon the mother, immediately thereafter it shall become the duty of the person so attending the child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53059

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4th Child

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

January 1894

4. Place of Birth, (Street and Number)

24 William St.

5. Full Name of Mother,

Ada Owens

6. Mother's Maiden Name,

Ada Dikes

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

John Owens

9. Father's Occupation,

Carpenter

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return,

Dr. F. C. Carter

Address,

213 E. Market St.

Remarks,

Living Well

8930005165

RETURN OF A BIRTH 53060

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, _____
4. Place of Birth, (Street and Number)
5. Full Name of Mother, _____
6. Mother's Maiden Name, _____
7. Mother's Birthplace, _____
8. Full Name of Father, _____
9. Father's Occupation, _____
10. Father's Birthplace, _____

Name of Medical Attendant, _____ or other person who makes this Return.
 Address, _____
 Remarks, _____

152
 Male
 White
 January 11th 1894
 216 Washington St
 Philadelphia
 John O'Hara
 Ireland
 John O'Hara
 Freshwater
 Baltimore Md
 John O'Hara
 1143 Park Ave

1893000516

RETURN OF A BIRTH. 53061

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 11th 1894

4. Place of Birth, (Street and Number) 509 South Bond St.

5. Full Name of Mother, Ester Gent

6. Mother's Maiden Name, Ester Gent

7. Mother's Birthplace, Marsa

8. Full Name of Father, Simon Gent

9. Father's Occupation, Carpenter

10. Father's Birthplace, Marsa

Name of Medical Attendant, or other person who makes this Return, Yette C. Lowmanskys

Address, 1022 E. Lombard St.

Remarks, 1022 E. Lombard St.

8930005167

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

GIVEN NAME ADDED 11-9-53 Ruth Gressitt Morgan

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) _____
3. Date of Birth, Jan 11, 1904
4. Place of Birth, (Street and Number) 1009 Harlem Ave
5. Full Name of Mother, Mary A. Morgan
6. Mother's Maiden Name, Mary A. Gossitt
7. Mother's Birthplace, Pa
8. Full Name of Father, B. H. Morgan
9. Father's Occupation, Salesman
10. Father's Birthplace, Pa
- Name of Medical Attendant, or other person who makes this Return, J. M. Hendley
- Address, 1009 Edna Avenue
- Remarks, _____

[illegible]

0 9 3 0 0 0 5 1 6 8

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred, his sex, color, the full name and occupation of his parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the person or persons who shall be in the possession of the said child, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or the person or persons of such attendance shall fail to report its birth to the Commissioner of Health, immediately thereafter, it shall become the duty of the person or persons so failing to report its birth to the Commissioner of Health, to comply with the provisions of this section, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 530 64

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, The 12 of January 1894

4. Place of Birth, (Street and Number) No 900 Harford Ave

5. Full Name of Mother, Ann Elizabeth

6. Mother's Maiden Name, Ann Hulman

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Drachholz

9. Father's Occupation, Driver

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, John Drachholz

Address, No 1059 Harford Ave

Remarks, Bal Md

1894

18930005170

month, and shall set forth, as far as the same can be ascertained, the full name of each child, if any shall have been conceived in this city, the full name and occupation of its parents, the date and place of birth, and the age of each child, and every month to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53065

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, January 12th 1894

4. Place of Birth, (Street and Number) No. 1115 Randall

5. Full Name of Mother, Lizzie Hillrage

6. Mother's Maiden Name, Lizzie Cherry

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Hillrage

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Catherine Hornum

Address, 12 1577 Byrd St

Remarks,

8930005171

shall to report the birth to the Commissioner of Health, in the manner and within the period above required, and
any person or persons who shall hereafter fail to comply with the provisions of this section shall be liable
to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 10-8-52
RETURN OF A BIRTH. 53066

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Arthur Manns, Jr.
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th
1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 12th 1899
4. Place of Birth, (Street and Number) No. 2117 Euclid Ave
5. Full Name of Mother, Annie Manns
6. Mother's Maiden Name, Annie Hamm
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Manns
9. Father's Occupation, Plumber
10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other person who makes this Return.
Address,
Remarks,

8930005172

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)—

1. Sex, (state whether male or female).

2. *Race or Color, (if not of the white race).*

3. *Date of Birth,*

4. *Place of Birth, (Street and Number).*

5. *Full Name of Mother.*

6. *Mother's Maiden Name,*7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks,

8 9 3 0 0 0 5 1 7 5

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

53070

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, January the 12 1894

4. Place of Birth, (Street and Number) goodmans alley 422

5. Full Name of Mother, gerty spitman

6. Mother's Maiden Name, gerty stanley

7. Mother's Birthplace, Baltimore

8. Full Name of Father, walter stanley

9. Father's Occupation, labourer

10. Father's Birthplace, north thurston virginia

Name of Medical Attendant, or other person who makes this Return, ruggat Dane Wilson

Address, No 124 west Flury st

Remarks, full 9 months

8930005174

month, and shall act forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the date and place of birth; and the said schedule shall be delivered to the office of the Registrar of Health, in case the birth of a child shall occur upon the mother, immediately after the birth of a child, and shall be reported to the Registrar of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to be recovered as other fines and forfeitures are recoverable, shall be liable to a fine of ten (10) dollars for each offence.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the third day of each and every month thereafter in the form of a certificate. In case the first and second child of a woman should be born within the year, or should no other person of such child be born within the year, the mother, immediately after the birth of the child, shall be required to appear in person before the Registrar, or the Commissioner of Health, or the Commissioner of the Department of Health, and to sign the certificate, and to pay the fee thereon. Any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

53071

1. Sex, (state whether male or female) Female Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Mrs. G. Feldman

RETURN OF A BIRTH. 53072

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Girl, Male;

2. Race or Color, (if not of the white race) Race;

3. Date of Birth, January 12,

4. Place of Birth, (Street and Number) 1006 E. Lombard St.

5. Full Name of Mother, Yetta Korinsky.

6. Mother's Maiden Name, Yetta Pastofeseak.

7. Mother's Birthplace, Russia.

8. Full Name of Father, Joe Korinsky.

9. Father's Occupation, Sailor.

10. Father's Birthplace, Russia.

Name of Medical Attendant, or other person who makes this Return, Mrs. J. Feldman.

Address, 1013 E. Lombard St.

Remarks,

8 9 3 0 0 0 5 1 7 8

Sec. 10. Sec. 11. Sec. 12. Sec. 13. Sec. 14. Sec. 15. Sec. 16. Sec. 17. Sec. 18. Sec. 19. Sec. 20. Sec. 21. Sec. 22. Sec. 23. Sec. 24. Sec. 25. Sec. 26. Sec. 27. Sec. 28. Sec. 29. Sec. 30. Sec. 31. Sec. 32. Sec. 33. Sec. 34. Sec. 35. Sec. 36. Sec. 37. Sec. 38. Sec. 39. Sec. 40. Sec. 41. Sec. 42. Sec. 43. Sec. 44. Sec. 45. Sec. 46. Sec. 47. Sec. 48. Sec. 49. Sec. 50. Sec. 51. Sec. 52. Sec. 53. Sec. 54. Sec. 55. Sec. 56. Sec. 57. Sec. 58. Sec. 59. Sec. 60. Sec. 61. Sec. 62. Sec. 63. Sec. 64. Sec. 65. Sec. 66. Sec. 67. Sec. 68. Sec. 69. Sec. 70. Sec. 71. Sec. 72. Sec. 73. Sec. 74. Sec. 75. Sec. 76. Sec. 77. Sec. 78. Sec. 79. Sec. 80. Sec. 81. Sec. 82. Sec. 83. Sec. 84. Sec. 85. Sec. 86. Sec. 87. Sec. 88. Sec. 89. Sec. 90. Sec. 91. Sec. 92. Sec. 93. Sec. 94. Sec. 95. Sec. 96. Sec. 97. Sec. 98. Sec. 99. Sec. 100.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address.

Remarks,

~~8930005180~~

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth of the child, the person so attending shall be required to send in a return of the birth of such child to the office of the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53076

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2^d

1. Sex, (state whether male or female)

female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

13th January 1894

4. Place of Birth, (Street and Number)

Rear 835 W. Saratoga St.

5. Full Name of Mother,

Lena Weiss

6. Mother's Maiden Name,

Lena Keller

7. Mother's Birthplace,

Dwanize Galizia Austria

8. Full Name of Father,

Joschink Adolph Weiss

9. Father's Occupation,

Cigar maker

10. Father's Birthplace,

Smolok (Galizia, Austria)

Name of Medical Attendant, or other person who makes this Return,

Bessie Hunter

Address,

221st Payson St.

Remarks,

18930005182

months, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been conferred (sex, color, the full name of its parents, date and place of birth, and the date and day of each, and every month to the office of the Commissioner of Health, to indicate between the first and the second year of the child's life, the date of its birth, the date of its death, the date of its marriage, and the date of its adoption, and shall also set forth the name of the physician or practitioner of medicine, or of the nurse, or of the midwife, or of the person or persons, who attended the birth of any child, and the name of the mother, immediately after it, shall become the duty of the person or persons, of such any such person or persons, to report to the Commissioner of Health, in the manner and within the period above required, and to the due of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: John Henry Bewans

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 13

4. Place of Birth, (Street and Number) North Baltimore Street 24

5. Full Name of Mother, Helena Bewans

6. Mother's Maiden Name, Bewans

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John H. Bewans

9. Father's Occupation, Farmer

10. Father's Birthplace, Ind

Name of Medical Attendant, or other person who makes this Return Dr. J. H. Bewans

Address, 237 Gossard Avenue

Remarks, Ind

month, and shall set forth as far as the same can be ascertained the full name, sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and the second of every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above provided; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53078

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (~~state whether male or female~~)

2. Race or Color, (~~if not of the white race~~)

3. Date of Birth, 13th January, 1894.

4. Place of Birth, (Street and Number) 518 N. Chester St. Baltimore, Md.

5. Full Name of Mother, Mrs. Eva K. Figner

6. Mother's Maiden Name, Eva K. Price.

7. Mother's Birthplace, Md.

8. Full Name of Father, Wm J. Figner

9. Father's Occupation, Trainer.

10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, B. F. Leonard M.D.

Address, 125 Jackson Square

Remarks,

Health. This act-indeed shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as possible the name of each child, if any, and the date of birth, the sex, color, and the date of delivery, duly signed by the practitioner in the form of a certificate, and shall be submitted to the Commissioner of Health, in the manner and at the time prescribed by the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 53079

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Sixth*

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Jan. 13th 1894*

4. Place of Birth, (Street and Number) *1805 W. Lombard St.*

5. Full Name of Mother, *Kate O'Neill*

6. Mother's Maiden Name, *Connolly*

7. Mother's Birthplace, *Ireland*

8. Full Name of Father, *Richard O'Neill*

9. Father's Occupation, *Policeman*

10. Father's Birthplace, *Ireland*

Name of Medical Attendant, or other person who makes this Return, *Dr. W. H. Under*

Address, *105 W. B. A.*

Remarks, *L. O. B. A.*

RETURN OF A BIRTH. 53080
Office of Registrar of Vital Statistics

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*...

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

[illegible]

RETURN OF A BIRTH. 53081

RETURN OF

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Smith
Female

1. Sex, (state whether male or female)

White

2. Race or Color, (if not of the white race)

Jan. 13

- 3.
- Date of Birth,*

Jan. 12
No 233 L. Duncanville

4. Place of Birth, (Street and Number)

Virginia Pedman

5. *Full Name of Mother,*

Virginia / Hades

6. *Mother's Maiden Name,*

Sumner & Co.

7. *Mother's Birthplace,*

John Pedman

8. *Full Name of Father,*

✓ Laborer

9. *Father's Occupation,*

England. Pertner

10. *Father's Birthplace,*

Mary L. Perkins

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1 8 9 3 0 0 0 5 1 8 7

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first third day of each and every month to the office of the Commissioner of Health. In case the birth of any child is attended by a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 11-16-05
RETURN OF A BIRTH. 53082

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, City.

Charles Wilmer^{2nd} Kalkman
2nd Confinement
No of Child of Mother, (state whether 1st, 2d, 3d, &c.)
1. Sex, (state whether male or female) (Twins) Both Boys.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 14th ~~1893~~ 1894
4. Place of Birth, (Street and Number) 2408 Buchanan St.
5. Full Name of Mother, Barbra Kalkman.
6. Mother's Maiden Name, Barbra S. McCleary
7. Mother's Birthplace, Pennsylvania
8. Full Name of Father, John R. Kalkman
9. Father's Occupation, Conductor, Balto & Potomac R. Road.
10. Father's Birthplace, Baltimore, Md.
Name of Medical Attendant, or other person who makes this Return, Wilmer Brimton, M.D.
Address, S.W. cor. Calvert & Pruiton Sts.
Remarks,

18930005188

RETURN OF A BIRTH. 10-28-55 53013

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Clarence Edgar Halkman

Clarence Edgar Stalman
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Confinement -
first 131 110

1. Sex, (state whether male or female) 11 ✓ 10msq2/boys

2. Race or Color, (if not of the white race)..

3. *Date of Birth,*

4. Place of Birth, (Street and Number) 12408 Buchanan
Bklyn

5. Full Name of Mother, Barbara

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks.

any person, or persons, who shall be entitled to, or who shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable, shall be liable to the same. The provisions of this section shall be subject to the provisions of the law of the State of New York, relating to the practice in the courts of this State, in such cases.

~~8-9 3 0 0 0 5 1 8 9~~

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth the name of the child, the date and place of birth, and the name of the mother, and the name of the physician or practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the mother shall be required to report the birth to the office of the Commissioner of Health, in the manner and within the period above required, and shall report the birth of any child born to her, or to any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

GIVEN NAME ADDED 3-1-55

53084

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Margaret Ellen Hamblin

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
 2. Race or Color, (if not of the white race) White
 3. Date of Birth, January 17th 1894
 4. Place of Birth, (Street and Number) 121 E. Montgomery St
 5. Full Name of Mother, Francis Marion Hamblin
 6. Mother's Maiden Name, Francis Marion Stamford
 7. Mother's Birthplace, Hartford County Md
 8. Full Name of Father, Lawrence Whitfield Hamblin
 9. Father's Occupation, Engineer
 10. Father's Birthplace, Worcester County Md
- Name of Medical Attendant, or other person who makes this Return, Dr. C. D. Davis
- Address, 325 S. Charles St
- Remarks,

8930005190

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) *3rd*
Male or Female? *female*

1. Sex (state whether Male or Female) *Female*

1. Sex (state whether Male or Female) *Female*
2. Race or Color (if not of the white race) *Colored*

2. Race or Color (if not of the land)
3. Date of Birth Jan. 14, 1894
4. Place of Birth (Street and Number) 101 E. Mulberry St.
Josephine Edwards

4. Place of Birth (Street and Number) - 101 E. 1st St.
5. Full Name of Mother - Josephine Edwards Duff

6. Mother's Maiden Name... *Baltimore City*
7. Mother's Birthplace... *Thos. G. Edwards*

7. Mother's Birthplace ...
8. Full Name of Father ...

8. Full Name of Father *Wagoner*
9. Father's Occupation *Somerset Co. Md.*
10. Father's Birthplace *W*

10. Father's Birthplace *Somerset*
Name of Medical Attendant, or other Person who makes this Report. *W. H. J. [unclear]*
526 St. Paul

Address

Remarks Child with 7-10-11

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed and attested, to the Registrar of Vital Statistics, in the form of a certificate between the first and third day of each and every January, to the office of the Commissioner of Health. In case the birth of a child shall occur without the assistance of a physician or practitioner of midwifery, or the person or persons, to be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons so attending to report its birth to the Commissioner of Health, and with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53086

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Third.

1. Sex, (state whether male or female).

Female.

2. Race or Color, (if not of the white race).

White.

3. Date of Birth.

14th of January.

4. Place of Birth, (Street and Number).

961 N. Para. Balt.

5. Full Name of Mother.

Mrs. Mollie Emerson.

6. Mother's Maiden Name.

Mollie Bowerox.

7. Mother's Birthplace.

Baltimore.

8. Full Name of Father.

Isaiah Emerson.

9. Father's Occupation.

Carpenter.

10. Father's Birthplace.

Baltimore.

Name of Medical Attendant, or other person who makes this Return.

Mrs. Bange. ~~Banckert.~~

Address.

711 Cross St.

Remarks.

18930005192

RETURN OF A BIRTH.

the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Mother, (state whether 1st, 2d, 3d, &c.) 1

state whether male or female) male

or Color, (if not of the white race) Colored

of Birth, Dec 10th 1883

of Birth, (Street and Number) 508 Madison St

Name of Mother, Mattie Hill

er's Maiden Name, Mattie Sanders

er's Birthplace, Virginia

Name of Father, John Sanders

er's Occupation, Worker

s Birthplace, Maryland

of Medical Attendant, or other person who makes this Return, Webster Cato

ess, 307 Preston St

ths,

8930005193

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

53087
53088

- No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8.
1. Sex, (state whether male or female) Girl, Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, January 14.
4. Place of Birth, (Street and Number) 1508 E. Baltimore St.
5. Full Name of Mother, Lena Singer.
6. Mother's Maiden Name, Lena Louis.
7. Mother's Birthplace, Russia.
8. Full Name of Father, Jacob Singer.
9. Father's Occupation, Tailor.
10. Father's Birthplace, Russia.
- Name of Medical Attendant, or other person who makes this Return, Sp. Y. Feldman.
- Address, 1013 E. Lombard St.
- Remarks, _____

2930005194

RETURN OF A BIRTH. 53089

The Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Order of Mother, (state whether 1st, 2d, 3d, &c.)

State whether male or female)

Color, (if not of the white race)

Birth,

Birth, (Street and Number)

Name of Mother,

Married Name,

Place of Birth,

Name of Father,

Occupation,

Place of Birth,

Name of Medical Attendant, or other person who makes this Return.

Signature,

Signature,

Third child

Male

White

January 14

Baltimore 17 Wilhelm St

Fanny Riley

Fanny Mauch

Baltimore

Garner Riley

Machine

Baltimore

Mrs. Ruth A. Conner

No. 18 20. McHenry St

6930005195

RETURN OF A BIRTH.

53090

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

Child of Mother, (state whether 1st, 2d, 3d, &c.) *E. Child*
 State whether Male or Female *Female*
 or Color (if not of the white race) *Colored*
 of Birth *Sunday 14th 1894*
 of Birth (Street and Number) *202 Bell Street*
 Name of Mother *Emma Brown*
 r's Maiden Name *Emma Morrison*
 r's Birthplace *Baltimore Md*
 Name of Father *Isiah Brown*
 s Occupation *Wagoner*
 s Birthplace *Baltimore Md*
 of Medical Attendant, or other Person who makes this return *Charles D. [illegible]*
 ess *808 [illegible] Street*
 rks *Living Bell*

1 8 9 3 0 0 0 5 1 9 6

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 53091

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second*

1. Sex (state whether Male or Female) *Male*

2. Race or Color (if not of the white race) *White*

3. Date of Birth *January 14th 1894*

4. Place of Birth (Street and Number) *708 W. Mulberry St.*

5. Full Name of Mother *Ada L. Sorden,*

6. Mother's Maiden Name *" " Baughman,*

7. Mother's Birthplace *Baltimore, Md.*

8. Full Name of Father *Eugene Gust Sorden,*

9. Father's Occupation *House-painter*

10. Father's Birthplace *Baltimore, Md.*

Name of Medical Attendant, or other Person who makes this Return. *Charles Lutz, M.D.*

Address *312 N. Carey St.*

Remarks

8930005197

RETURN OF A BIRTH. 53094
ce of Registrar of Vital Statistics, Board of Health

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)... 1st

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth*,

4. *Place of Birth, (Street and Number).*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation.*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.
Address.

Address,

Remarks,

[illegible]

Wm. J. C. Dulany Co., City Printers and Stationers.

8 9 3 0 0 0 5 2 0 0

When a child is born, the date and place of birth, and the sex, color, the full name and occupation of its parents, the date and place of birth, and the date and place of birth of the mother, shall be recorded in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately after the birth, in the manner and within the period above required, and child to report its birth, or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Birth

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

3. Date of Birth,

January 15 1898

4. Place of Birth, (Street and Number)

424 1st St

5. Full Name of Mother,

Mary Zimmerman

6. Mother's Maiden Name,

Mary Snyder

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Joseph A Zimmerman

9. Father's Occupation,

Laborer

10. Father's Birthplace,

Bremer Co Iowa

Name of Medical Attendant, or other person who makes this Return,

Thos Mary Bleach

Address,

405 Somerset St City

Remarks,

none

RETURN OF A BIRTH. 53098

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 4th

1. Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race) White.

3. Date of Birth, Jan 15th 1894.

4. Place of Birth, (Street and Number) "Ruxton" - Balto County.

5. Full Name of Mother, Marie Terese Hooper.

6. Mother's Maiden Name, Marie Terese Pedrick

7. Mother's Birthplace, Philadelphia

8. Full Name of Father, Frank B. Hooper

9. Father's Occupation, Manufacturer

10. Father's Birthplace, Balto County.

Name of Medical Attendant, (or other person who makes this Return.) Robt J. Wilson M.D.

Address, 820 Park Ave

Remarks, Wt 10 $\frac{1}{4}$ lbs (Child).

1 8 9 3 0 0 5 2 0 4

RETURN OF A BIRTH. 53099 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

If any child shall be born, and the full name of each child, (if any shall have been born) shall be set forth as far as the same can be ascertained, the full name of its parents, the date and place of birth, and the sex, color, and whether the child has been born alive or dead, shall be delivered, daily at the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance upon the mother, immediately thereafter, in the manner and within the period above required, and shall be subject to the penalty of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation,

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

18930005205

7
Male
Color
Jan 15th 1894
1136 Warner St
Alice Langley
Alice Corbis
Cambridge Md
John Langley
Food carrying
St. Mary Co
Charlottesville Williams
910 Leaden - Hall St

within six days
to the registrar aforesaid, within six days
at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days
thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical
condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden
name of the mother of such child or children.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.
BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female)

2. Race or Color (if not of the white race)

3. Date of Birth

4. Place of Birth (Street and Number)

5. Full Name of Mother

6. Mother's Maiden Name

7. Mother's Birthplace

8. Full Name of Father

9. Father's Occupation

10. Father's Birthplace

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

53100

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)-

3. *Date of Birth.*

4. *Place of Birth, (Street and Number).*

5. Full Name of Mother.

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

~~6930005207~~

RETURN OF A BIRTH. 5311

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 1914 white

4. Place of Birth, (Street and Number) - 1453 Andre st.

5. Full Name of Mother, Helena Bernstein
6. Mother's Maiden Name, Bernstein

6. Mother's Maiden Name, Sarah Bernschein
7. Mother's Birthplace, Radatz

8. Full Name of Father, Germany
9. Father's Occupation, Frank Besseine

9. Father's Occupation. Self-employed
10. Father's Birthdate. 1906

10. Father's Birthplace, Germany
Name of Medical Attendant or other person, Germany

Name of Medical Attendant, or other person who makes this Return, J. J. Manning
Address, Wadsworth 1331 Lewis Point Buff. N. Y.

Address, Success 1331 Lovers Point

Remarks,

[illegible]

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth 15 January 1894

4. Place of Birth, (Street and Number) 515 West 4th

5. Full Name of Mother, Anna Lunge

6. Mother's Maiden Name, Miller

7. Mother's Birthplace, Germany

8. Full Name of Father, Ferdinand Lunge

9. Father's Occupation labor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Runge

Address, 711 W. Green

Remarks, _____

6 9 3 0 0 5 2 0 9

RETURN OF A BIRTH. 53104

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex. (state whether male or female)-

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth, (Street and Number).*

5. Full Name of Mother.

6. *Mother's Maiden Name.*

7. *Mother's Birthplace.*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address,---

Remarks,

8 9 3 0 0 0 5 2 1 0

third day of each and every month to the office of the Commissioner in the form of a certificate between the first and second day of each and every month. In case of the birth of any child, the birth of which is attended by a physician or practitioner of midwifery, or by a nurse, or by a person who is not a resident of the city, the certificate shall be filled out by the person attending the birth, and the certificate shall be filed in the office of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *1*

1. Sex, (state whether male or female), *Girl*

2. Race or Color, (if not of the white race), *White Race*

3. Date of Birth, *January 15, 1894*

4. Place of Birth, (Street and Number), *1306 E. Pratt St.*

5. Full Name of Mother, *Fanny Bentman*

6. Mother's Maiden Name, *Fanny Feizenbaum*

7. Mother's Birthplace, *Russia*

8. Full Name of Father, *Benjamin Bentman*

9. Father's Occupation, *Sailor*

10. Father's Birthplace, *Russia*

Name of Medical Attendant, or other person who makes this Return, *Mrs. Y. Feldman*

Address, *1013 E. Lombard St.*

Remarks,

RETURN OF A BIRTH. 53107

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *5th.*
Male

1. Sex, (state whether male or female)

1. Sex, (state whether male or female) _____
2. Race or Color, (if not of the white race) White
16 of 94

3. Date of Birth, February 10 1875

4. Place of Birth, (Street and Number) *207 S. Riley*

5. Full Name of Mother, *James Henry*
James - 800

6. Mother's Maiden Name, *James [unclear]*
Beattie [unclear]

7. Mother's Birthplace, *Bellevue, N.Y.*

8. Full Name of Father, John Riley

9. Father's Occupation, *From the school*

10. Father's Birthplace, *124 Union St. Hoonah*

Name of Medical Attendant, or other person who makes this return, Reynolds
1303 Johnson Ave. St.

Address, ..

Remarks,

1 8 9 3 0 0 0 5 2 1 2

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its father, and the place of birth; and the said schedule shall be delivered, duly signed and attested, in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur on the first day of a month, the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the physician or practitioner to report its birth to the Commissioner of Health, and to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 16th Jan 1894
4. Place of Birth, (Street and Number) East End No 1026
5. Full Name of Mother, Mari Larrens
6. Mother's Maiden Name, Klmann
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph Larrens
9. Father's Occupation Walt Mann
10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other person who makes this Return, _____
Address, Haroldine Schweg East Ely No 474
Remarks, _____

8930005214

This certificate shall contain a list of the births which have occurred under his or her care during the month, and shall be set forth in the following order: First, the full name of each child, (if any shall have been born), the date and place of birth; second, the full name and occupation of its parents, the date and place of birth; and third, the color of the child, the full name and occupation of the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the date and place of birth shall be reported upon the mother, immediately after the birth, by the father or the mother, or by some other person, in the manner and within the period above required, and the certificate shall be signed by the father or mother, or by some other person, who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

GIVEN NAME ADDED

6-14-60

53111

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

John Louis Brandt

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Male*

2. Race or Color, (if not of the white race) *White*

3. Date of Birth, *Jan 16 1894.*

4. Place of Birth, (Street and Number) *817 Jackson St.*

5. Full Name of Mother, *Wagye Brandt*

6. Mother's Maiden Name, *" " Booker*

7. Mother's Birthplace, *Baltimore*

8. Full Name of Father, *John Fred Brandt*

9. Father's Occupation, *Shoe Dresser*

10. Father's Birthplace, *Baltimore*

Name of Medical Attendant, or other person who makes this Return, *Susan Stanton*

Address, *234 N. Broadway*

Remarks,

RETURN OF A BIRTH. 53112

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2. Race or Color, (if not of the white race)-

3. Date of Birth,
4. Place of Birth, (Street and Number) 77

6. *Mother's Maiden Name.*

7. *Mother's Birthplace.*—

8. *Full Name of Father,*

9. *Father's Occupation*—

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return.

Address, —

Remarks,

[illegible]

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother or parent of such child shall be liable to the penalty herein provided for, unless the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed in this section, or any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 3-4-59
RETURN OF A BIRTH. 531/3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edna Irene Wedmore

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 16 1894

4. Place of Birth, (Street and Number) 2301 Fremont Ave

5. Full Name of Mother, Mary F Wedmore

6. Mother's Maiden Name, " " Brady

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Geo E Wedmore

9. Father's Occupation, Machinist

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return.

J T Spicknall M.D.

Address, 1411 Patterson Pl. Ave

Remarks,

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 53114

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Jan. 16th 1874
4. Place of Birth, (Street and Number) 548 Union St
5. Full Name of Mother Rosa Bender
6. Mother's Maiden Name Rosa Lober
7. Mother's Birthplace Baltimore
8. Full Name of Father Jacob Bender
9. Father's Occupation Coach Painter
10. Father's Birthplace Baltimore
Name of Medical Attendant, or other Person who makes this Return. Amanda T. Kern, M.D.
Address 871 Harlem Ave
Remarks

593005219

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address.

Remarks,

6930005220

RETURN OF A BIRTH. 53116

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 16th 1894
4. Place of Birth, (Street and Number) 1509 E. Monument St.
5. Full Name of Mother, Josephine A. Wilson
6. Mother's Maiden Name, Seibert
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Eugene L. Wilson
9. Father's Occupation, Salesman
10. Father's Birthplace, Baltimore Md.
- Name of Medical Attendant, (or other person who makes this Return) Francis A. Sauer M.D.
- Address, 439 W. Central Ave.
- Remarks, _____

1 0 9 3 0 0 0 5 2 2 1

RETURN OF A BIRTH. 53117

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female). *Male*
2. Race or Color, (if not of the white race). *White*
3. Date of Birth. *Jan 16th 1894*
4. Place of Birth, (Street and Number). *Baltimore 816, Lurgunder St*
5. Full Name of Mother, *Sallie Mitchell*
6. Mother's Maiden Name, *Sallie McLean*
7. Mother's Birthplace, *Ireland*
8. Full Name of Father, *James Clark Mitchell*
9. Father's Occupation, *Superintendent*
10. Father's Birthplace, *Norfolk Va*
Name of Medical Attendant, or other person who makes this Return, *Wm Bunge*
Address, *711 Cross St*
Remarks, *28*

Wm ; C. Dulany Co., City Printers and Stationers.

8930005222

RETURN OF A BIRTH 53118

To the Office of Registrar of Vital Statistics, Board of Health,
BALTIMORE CITY.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) *2nd*
 1. Sex, (state whether male or female) *Male*
 2. Race or Color, (if not of the white race)
 3. Date of Birth. *Jan 16th 1894*
 4. Place of Birth, (Street and Number) *1947 Edmondson Ave*
 5. Full Name of Mother. *Emma Eleanor Richardson*
 6. Mother's Maiden Name. *Murdock*
 7. Mother's Birthplace. *Balto Md*
 8. Full Name of Father. *James Edward Richardson*
 9. Father's Occupation. *Stationer*
 10. Father's Birthplace. *Lucas, Mercer Co Ind*
 Name of Medical Attendant, or other Person who makes this Return *Dr. J. J. [illegible]*
 Address. *1945 Edmondson Ave*
 Remarks.

month, and shall set forth as far as he can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date of its birth, and the date of its delivery, and shall also set forth the name of the practitioner in the form of a certificate of birth; and the child shall occur upon the attendance of a physician or practitioner of Health. In case the birth of a child shall occur upon the attendance of a physician or practitioner of Health, or should no other person be present, the person or persons of such child shall immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Registrar of Health, in the manner and within the time above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 10-20-54
RETURN OF A BIRTH. 53119

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Robert Herbert Levy

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~)

1. Sex, (~~state whether male or female~~)

2. Race or Color, (~~if not of the white race~~)

3. Date of Birth, 16 January 1894.

4. Place of Birth, (Street and Number) 604 W. German St. Balto. Md.

5. Full Name of Mother, Mrs. Amelia P. Levy

6. Mother's Maiden Name, Amelia P. Elfant

7. Mother's Birthplace, Russia

8. Full Name of Father, Jacob M. Levy.

9. Father's Occupation, Pants Manufacturer

10. Father's Birthplace, Austria

Name of Medical Attendant, or other person who makes this Return.

D. F. Leonard M.D.

Address,

125 Jackson Square

Remarks,

Health, this certificate shall contain a full name of each child, if any shall have been conferred) its sex, color, date and place of birth, and the name and occupation of its parents, the date and place of birth, and the name of the practitioner in the form of a certificate between the date of birth and the date of the next report, or should no other person be in attendance within the time specified, the child shall be reported by the person or persons who shall be required to comply with the provisions of this act, and shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53120

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Fourth*
1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Jan. 16*
4. Place of Birth, (Street and Number) *No 2237 Eastern Ave*
5. Full Name of Mother, *Katie Breman*
6. Mother's Maiden Name, *Katie Kobb*
7. Mother's Birthplace, *Germany*
8. Full Name of Father, *Henry Breman*
9. Father's Occupation, *Shoe-maker*
10. Father's Birthplace, *Germany*
- Name of Medical Attendant, or other person who makes this Return, *Mary A. Perkins*
- Address, _____
- Remarks, _____

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race).

3. *Date of Birth,* _____ *June*

4. *Place of Birth, (Street and Number)*—

5. Full Name of Mother,

6. Mother's Maiden Name, R

7. *Mother's Birthplace,*

8. *Full Name of Father,*.....

9. *Father's Occupation*.....

10. *Father's Birthplace,* _____ or other person _____

Name of Medical Attendant, or other person who makes this Return.

Address, -

Remarks

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.).

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. Place of Birth, (Street and Number)
5. Full Name of _____

5. Full Name of Mother,

6. Mother's Maiden Name,

7. *Mother's Birthplace,*

8. Full Name of Father,

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who
Address, makes this Return.

Address,

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth in detail the name and occupation of the parent or parents of each child, the date and place of birth, the sex, color, height, weight, and age of each child, the date of each delivery, and the name of the physician or practitioner of health, or of a nurse, who attended upon the midwifery of the child, and the name of the person or persons who delivered the child to birth to the Commissioner of Health, in the manner and within the period previously required, and any such person or persons who may hereafter fail to comply with the provisions of this section shall be liable to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been conferred its sex, color, the full name and occupation of its mother, the date and place of birth; and the said schedule shall be delivered, duly signed by the physician or practitioner of midwifery, or should no other person be in attendance, by the mother, immediately thereafter it shall become the duty of the person or persons so named, and shall be reported to the Commissioner of Health, in the manner and within the time specified in the provisions of this section, shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

53124

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Rose Emma Brandt
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 17 1894
4. Place of Birth, (Street and Number) 30 Washington St Homestead
5. Full Name of Mother, Beatrice Brandt
6. Mother's Maiden Name, Frist
7. Mother's Birthplace, Germany
8. Full Name of Father, E. P. Brandt
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany
Name of Medical Attendant, or other person who makes this Return Hyndes Withers M.D.
Address, 237 Concord Ave
Remarks, _____

18950005229

RETURN OF A BIRTH. 53/25

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name.*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Name of Medical Attendant, makes this report _____
Address, _____
Remarks, Six months lactus; premature delivery
brought about by excessive hemorrhage on account of placenta previa.
Stationers. Child lived four hours

RETURN OF A BIRTH. 53126

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 17th 1900
4. Place of Birth, (Street and Number) 108 E. Boston St.
5. Full Name of Mother, Helen Pernter
6. Mother's Maiden Name, Mary Stewart
7. Mother's Birthplace, New Jersey
8. Full Name of Father, John Pernter
9. Father's Occupation, Laborer
10. Father's Birthplace, Pennsylvania
- Name of Medical Attendant, or other person who makes this Return, Mrs. B. B. B.
- Address, 711 E. B. B.
- Remarks,

18930005231

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur on the first day of any month, the practitioner shall deliver the same to the office of the Commissioner of Health, immediately hereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

53127

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 17 January

4. Place of Birth, (Street and Number) 1126 Eads St.

5. Full Name of Mother, Pauline Steinitz

6. Mother's Maiden Name, " Lidiger

7. Mother's Birthplace, Germany

8. Full Name of Father, Oscar Steinitz

9. Father's Occupation, Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Ruff. Maffman

Address, 1391 Locust St.

Remarks,

1 8 9 3 0 0 5 2 3 2

RETURN OF A BIRTH. 53128
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) *Female*
2. Race or Color, (if not of the white race) *white*
3. Date of Birth, *January 17, 1894*
4. Place of Birth, (Street and Number) *418 Spring St*
5. Full Name of Mother, *Annie Gail*
6. Mother's Maiden Name, *Annie A. Russell*
7. Mother's Birthplace, *Baltimore*
8. Full Name of Father, *William Gail*
9. Father's Occupation, *Shoe store*
10. Father's Birthplace, *Baltimore*
Name of Medical Attendant, or other person who makes this Return, *W. D. Horne M. D.*
Address, *Jarvisville*
Remarks, *Ref. C*

month, and shall act forth as far as the law of the birth which have occurred under his or her care during the said schedule shall be the color, the full name and complete name of the father, the date and place of the birth of each and every child, the name of the mother, the name of the father, and the name of the child, to report its birth, without the attendance of a physician or practitioner of midwifery, or of any such person (persons) who, immediately thereafter, become the duty of the person above referred to in respect to the care of such child, to comply with the law within the period above referred to, to the sum of such offense, to be recovered as other fines and forfeitures are recoverable.

That any physician, accoucheur, midwife, or other person in charge of a birth, shall report to the registrar aforesaid, within six days at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

GIVEN NAME ADDED. 10-28-58
RETURN OF A BIRTH.

53129

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Garnett Elizabeth Sheppard

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st

1. Sex (state whether male or female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

Jan 17/94

4. Place of Birth (Street and Number)

231 W. Barr St

5. Full Name of Mother

Maggie Elizabeth Leahr Sheppard

6. Mother's Maiden Name

Maggie E. Leahr

7. Mother's Birthplace

Balto city

8. Full Name of Father

Frank Elmer Sheppard

9. Father's Occupation

Harmon Master

10. Father's Birthplace

Balto city

Name of Medical Attendant, or other Person who makes this Return.

E. Nicholas, M.D.

Address

407 Sharp St

Remarks

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any, shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth of the child, the mother or parent of such child shall cause to be made and signed by her or him, a statement of the date and place of birth of such child, and shall file the same with the Registrar of Vital Statistics, and the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53130

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The 3d.

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

Jan 17 of January 1894

4. Place of Birth, (Street and Number)

1059 Maryland Ave

5. Full Name of Mother,

Susan Lauer

6. Mother's Maiden Name,

Susan MacLachlan

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Stephen Lauer

9. Father's Occupation,

Iron dealer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return,

Mrs. Ch. Lauer

Address,

1059 Maryland Ave

Remarks,

B. M.

1894
18930005235

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name of its parents, the date and place of birth: and the said schedule shall be returned to the office of the Registrar of Vital Statistics, Baltimore City, on or before the first day of the month next following the month in which the birth occurred. In cases where the birth of a child occurs without the attendance of a physician or practitioner of medicine, the person or persons be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and shall report its birth to the Registrar of Vital Statistics, Baltimore City. In the event of the failure of any such person or persons to comply with the provisions of this section shall be subjected to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 17th 1904.
4. Place of Birth, (Street and Number) 576 N. Mount St.
5. Full Name of Mother, Ida May Landefeld
6. Mother's Maiden Name, Ida May Fisher
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, William Landefeld
9. Father's Occupation, Clothing cutter
10. Father's Birthplace, Baltimore, Md.
- Name of Medical Attendant, or other person who makes this Return, Henry C. Oklee, M.D.
- Address, 1203 West Fayette St.
- Remarks,

1 5 9 3 0 0 0 5 2 3 7

RETURN OF A BIRTH.

53133

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the name, sex, color, the date and place of birth: and the name of the mother, her maiden name, her birthplace, the date and place of birth: and the name of the father, his birthplace, the date and place of birth: and the name of the medical attendant, or other person who makes this return. In case the birth of any child shall occur on the third day of each month, the attendance of a physician or practitioner of midwifery, or of a midwife, or of a nurse, or of a person, shall be reported to the Registrar of Vital Statistics, and the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

4

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

Color

3. Date of Birth,

Jan 17th 1894

4. Place of Birth, (Street and Number)

225 W York St

5. Full Name of Mother,

Maggie Sanks

6. Mother's Maiden Name,

Maggie Laros

7. Mother's Birthplace,

Baltimore, Md

8. Full Name of Father,

James S Sanks

9. Father's Occupation

Grave Wagon

10. Father's Birthplace.

Baltimore Md

Name of Medical Attendant, or other person who makes this Return.

Charlotte Williams

Address,

910 Leaden Hall St

Remarks,

18930005230

RETURN OF A BIRTH. 58/34

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female).

2. Race or Color, (if not of the white race)

3. Date of Birth,

4. *Place of Birth, (Street and Number)*

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. Full Name of Father,

9. Father's Occupation

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return

Address, _____

Remarks

[illegible]

Wm. J. C. Dulany Co., City Printers and Stationers.

8 7 3 0 0 5 2 3 9

RETURN OF A BIRTH. 53135

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

- No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 17.
4. Place of Birth, (Street and Number) 1245 South eastern street
5. Full Name of Mother, Dora Mc Keldin
6. Mother's Maiden Name, Dora Lovil
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James A. Mc Keldin
9. Father's Occupation, Pipe carrying
10. Father's Birthplace, Baltimore
- Name of Medical Attendant, or other person who makes this Return, M. W. Bange
- Address, 711 cross st
- Remarks,

18930005240

Health, and shall set forth as far as the same can be ascertained the time of each child, (if any shall have been conceived, and the date of its birth, the sex, color, the full name and occupation of its parents, the name of the practitioner in the form of a certificate, and the date of the first and third day of each and every occurrence of a public health officer, or the Commissioner of Health, in case the birth shall occur without the attendance of a public health officer, or the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this act shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

53/36

imore City

5th

Female

White

January 17th 1894

29 Fort avenue

Bosedenen Myllnerux

Boedener Emerson

Baltimore Md

Elbridge & Mullineaux

Fire man on Rail Road

Fredricks county, Md.

or other person who makes this Return.

1434. Putapsco. St

Remarks.

Wm. J. C. Dulany Co., City Printers and Stationers.

93000524

Let any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

CHILD NAME ADDED. 11-27-52
RETURN OF A BIRTH.

53137

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Pauline Amanda Phillips

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1st Child

1. Sex (state whether Male or Female)

Female

2. Race or Color (if not of the white race)

White

3. Date of Birth

1731 E Baltimore St Jan 17. 1894

4. Place of Birth (Street and Number)

1731 E Balto St

5. Full Name of Mother

Jennie Phillips

6. Mother's Maiden Name

J. Schoff

7. Mother's Birthplace

Balto City

8. Full Name of Father

Howard Smith Phillips

9. Father's Occupation

Butler

10. Father's Birthplace

Cambridge Md

Name of Medical Attendant, or other person who makes this Return.

James E Drvinula M.D.

Address

1701 Baltimore St East

Remarks

18930005242

RETURN OF A BIRTH.

RETURN OF

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

200

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color. (if not of the white race)

3. *Date of Birth,*

4. *Place of Birth.* (Street and Number)

5. Full Name of Mother,

6. *Mother's Maiden Name,*

7. *Mother's Birthplace.*

8. Full Name of Father,

9. Father's Occupation.

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

[illegible]

Wm. J. C. Dancy Co., City Printers and Stationers.

~~1 8 9 3 0 0 0 5 2 4 3~~

RETURN OF A BIRTH. 53139

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan'y 17-94

4. Place of Birth, (Street and Number) B. E. Lawrence

5. Full Name of Mother, Mattie Williams

6. Mother's Maiden Name, Mattie Crouch

7. Mother's Birthplace, Richmond Va

8. Full Name of Father, Thomas Williams

9. Father's Occupation, Black

10. Father's Birthplace, Staunton Va

Name of Medical Attendant, Daniel V. Moyer M.D.
or other person who makes this Return, 1200 7th Edin St

Address, _____

Remarks, .. _____

Wm J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 6-6-55

RETURN OF A BIRTH.

53140

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Anita Marie Russell, 2th

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

Female

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

January 18th 1894

4. Place of Birth, (Street and Number)

2207 East Lombard Street

5. Full Name of Mother,

Mary Corbett Russell

6. Mother's Maiden Name,

Darragh

7. Mother's Birthplace,

Baltimore

8. Full Name of Father,

Joseph E. Russell

9. Father's Occupation,

Real Estate Dealer

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return,

James J. W. Shamus

Address,

2 O. Pittson Park Ave

Remarks,

any such person or persons shall be liable to a fine of ten (\$10) dollars for each offence, to be recovered in other dues and forfeitures are recoverable.

child to report its birth to the Registrar of Health, in the manner and within the time specified in this section shall be subject to a fine of ten (\$10) dollars for each offence, to be recovered in other dues and forfeitures are recoverable.

attendance upon the mother, immediately after the birth of the child, and shall be liable to a fine of ten (\$10) dollars for each offence, to be recovered in other dues and forfeitures are recoverable.

third day of such month, and shall be liable to a fine of ten (\$10) dollars for each offence, to be recovered in other dues and forfeitures are recoverable.

been conferred) its sex, color, the full name of its parents, the date and place of its birth, and the name of the person or persons who attended the birth of the child, and shall be liable to a fine of ten (\$10) dollars for each offence, to be recovered in other dues and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained, the full name of each child, its sex, color, the date and place of its birth, and the name of the person or persons who attended the birth of the child, and shall be liable to a fine of ten (\$10) dollars for each offence, to be recovered in other dues and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained, the full name of each child, its sex, color, the date and place of its birth, and the name of the person or persons who attended the birth of the child, and shall be liable to a fine of ten (\$10) dollars for each offence, to be recovered in other dues and forfeitures are recoverable.

RETURN OF A BIRTH. 331
To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. *Race or Color, (if not of the white race)*

3. *Date of Birth*,.....

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother.*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation,*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

~~rapid delivery~~

Wm J O DULANY CO CITY PAPERS AND STATIONERS

Health. No person shall be admitted to the office of Registrar of Vital Statistics, Board of Health, Baltimore City, until he has been examined and found competent by the Board of Health. No person shall be admitted to the office of Registrar of Vital Statistics, Board of Health, Baltimore City, until he has been examined and found competent by the Board of Health. No person shall be admitted to the office of Registrar of Vital Statistics, Board of Health, Baltimore City, until he has been examined and found competent by the Board of Health.

RETURN OF A BIRTH. 53142 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 18th

4. Place of Birth, (Street and Number) 1219 McCharles St.

5. Full Name of Mother, Kate Mitchell

6. Mother's Maiden Name, Della

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Clyde Mitchell

9. Father's Occupation, Clerk

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, James Webster

Address, 410 Pearson Street

Remarks, _____

53/43

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female)..... Male

2. Race or Color, (if not of the white race) _____

3 Date of Birth, Jan. 18. 94

4. Place of Birth, (Street and Number) 321 S. Chest. Ave

5. Full Name of Mother, *Mrs. Mary Ellen Keenealy Collins*

6. Mother's Maiden Name, *Elizabeth* " *Kennedy*

7. Mother's Birthplace, ... Balt. Md. 8

8. Full Name of Father, Eugene Norvick Lee's

9. Father's Occupation *Bookcase*

10. Father's Birthplace, *Balt. Md.*

Name of Medical Attendant, or other person who makes this Return. *G. G. Reese R. M. D.*

Address, 2000 C. Mullen St.

Remarks, Taken at Okefenokee.

8 9 3 0 0 5 2 4 8

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of the father, the date of birth, and the usual abode; shall be delivered, monthly to the clerk of the Commissioner of Health, in case the child shall be born in the city, and to the health officer in the case of children born in the country, and shall be accompanied by each and every child, and by the person or persons of such child, and by the mother, immediately after or prior to the birth of the child, and with the child, and by any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be liable to the fine of ten (10) dollars (each offense); to be covered as other fines and forfeitures are recoverable.

This schedule shall contain a list of the births which have occurred under his or her care, during the month, and shall set forth as far as the same can be ascertained, the names of the child, if any shall have been conferred; the sex, color, the time and place of birth, the date and place of birth; and the names of the parents, and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present, the birth of such child shall be reported to the Commissioner of Health, and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subject to the fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53144

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January the 18
4. Place of Birth, (Street and Number) 1534 South Hancock St Baltimore
5. Full Name of Mother, Julia Victoria Arnold
6. Mother's Maiden Name, Sank
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George W Arnold
9. Father's Occupation, Brick Maker
10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other person who makes this Return, W B Bange
Address, 711 Osgood St
Remarks, _____

18930005249

RETURN OF A BIRTH. 53145

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

The 2d Child

1. Sex, (state whether male or female)

Male

2. Race or Color, (if not of the white race)

White

3. Date of Birth,

The 18 of January 1894

4. Place of Birth, (Street and Number)

No 13 21 E. Laverne

5. Full Name of Mother,

Lina Kouchen

6. Mother's Maiden Name,

Lina Etzel

7. Mother's Birthplace,

Germany

8. Full Name of Father,

Herman Kouchen

9. Father's Occupation,

Paint Turner

10. Father's Birthplace,

Baltimore

Name of Medical Attendant, or other person who makes this Return.

Mr Ch. Jones

Address,

No 1059 Starford Ave

Remarks,

Bal Md.

1894

18930005250

This scheme shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as possible the full name and occupation of its father, the date and place of birth, and the sex of each child, (if any shall have been conferred its sex) delivered, duly signed by the proper Commissioner of Health. In case no other person be in said district, and every month to the office of the Commissioner of Health, or practitioner of midwifery, and within the period above required, the attendance upon the mother, or the child, shall be reported to the Commissioner of Health, in conformity with the provisions of this act, by any such person who shall hereafter file a report, to be recovered as other fines and forfeitures are recoverable, for each offence, to be recovered as other fines and forfeitures are recoverable, for each offence, to be recovered as other fines and forfeitures are recoverable, for each offence.

RETURN OF A BIRTH. 58146

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th Child

1. Sex, (state whether male or female).

Female.

2. Race or Color, (if not of the white race)-

^aWhite3. *Date of Birth.*

18 January 1894.

4. *Place of Birth, (Street and Number).*

Antree. N. 1757.

5. Full Name of Mother,

Maria Himmel

6. *Mother's Maiden Name,*

Memoria March

7. *Mother's Birthplace.*

Germany

8. Full Name of Father,

Andreas Krümmel

9. *Father's Occupation*

Cherwellon

10. *Father's Birthplace.*

Communism

Name of Medical Attendant, or other person who makes this Return,

Simon Schickler

Address.

Sept. 2. 1898.

Remarks.

8 9 3 0 0 0 5 2 5

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred its sex, color, the full name of its parents, the date and place of birth, and the date when said schedule shall be delivered to the office of the Commissioner of Health. It shall be the duty of any child third day of each month to the office of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who fail to comply with the provisions of this section shall be liable to a fine of ten (\$10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 53147

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

5th child
female
white

1. Sex, (State whether male or female)

2. Race or color, (if not of the white race)

3. Date of Birth,

January 16, 1878
215 Madison Ave

4. Place of Birth, (Street and Number)

5. Full Name of Mother,

Mrs Mary Costello

6. Mother's Maiden Name,

Moody

7. Mother's Birthplace,

Baltimore Md

8. Full Name of Father,

Mrs John J Costello

9. Father's Occupation,

Dr. Cotton

10. Father's Birthplace,

Ireland

Name of Medical Attendant, or other person who makes this Return,

Mrs Robert

Address,

Remarks,

18930005252

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been recorded), sex, color, the full name and occupation of its parents, the date and place of birth; and the age of the mother at the time of the birth of the child. It shall also contain a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in the form of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person who fails to do so shall be deemed to be in violation of the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53148

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *First*

1. Sex, (state whether male or female) *Female*

2. Race or Color, (if not of the white race) *Colored*

3. Date of Birth, *Jan 19 1894*

4. Place of Birth, (Street and Number) *605 W. Dund. Hl. Ca.*

5. Full Name of Mother, *Suppie Jackson*

6. Mother's Maiden Name, *New York City*

7. Mother's Birthplace, *Not Known*

8. Full Name of Father, *Not Known*

9. Father's Occupation, *Not Known*

10. Father's Birthplace, *Toussie Lane*

Name of Medical Attendant, or other person who makes this Return, *642 Jasper St*

Address, *Remarks,*

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of its birth, and the date and place of its delivery. It shall be the duty of the Registrar to see that the schedule shall be delivered, duly filled out, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and may such person or persons who shall hereafter fail to do so, be liable to a fine of ten dollars for each child neglected to the fine of ten dollars for each offence, to be recovered in other fines and forfeitures as a recoverable.

RETURN OF A BIRTH. 53149

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)..... 2. Child
1. Sex, (state whether male or female)..... Boy
2. Race or Color, (if not of the white race)..... White Race
3. Date of Birth,..... Born Jan'y 19th 1894
4. Place of Birth, (Street and Number)..... # 2334 Frederick Ave
5. Full Name of Mother,..... Mrs. Rosa Weiss
6. Mother's Maiden Name,..... Miss " Seitz
7. Mother's Birthplace,..... Balto City
8. Full Name of Father,..... Lewis Weiss
9. Father's Occupation..... Cooper
10. Father's Birthplace,..... Balto City
Name of Medical Attendant, or other person who makes this Return,..... Mrs. Heidler
Address,..... # 2127 W. Pratt St.
Remarks,

5930005254

month, and that, if set forth as far as the same can be ascertained the full name of each child, if any shall have been born, its sex, color, the date and place of birth; and the full name and occupation of its parents, the date and place of birth; and the full name and occupation of the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the birth, the practitioner shall become the duty of the person or persons of such attendance to comply with the provisions of this section shall be subject to the fine and forfeitures are recoverable.

RETURN OF A BIRTH. 53150

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) first child

1. Sex, (state whether male or female), female

2. Race or Color, (if not of the white race), color

3. Date of Birth, 19 February 1894

4. Place of Birth, (Street and Number), 115 York St

5. Full Name of Mother, Sophia Lemish

6. Mother's Maiden Name, _____

7. Mother's Birthplace, Taylor's Island, Talbott's M.D.

8. Full Name of Father, John William Harris

9. Father's Occupation, Sailor

10. Father's Birthplace, America, County

Name of Medical Attendant, or other person who makes this Return, Louisa Hamaford

Address, 136 York St

Remarks, The mother's name is Louisa Hamaford

The mother's name is Louisa Hamaford

18930005255

and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its mother, and place of birth; and the said schedule shall be delivered, duly signed and attested in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur upon the day of the month, immediately thereafter it shall become the duty of the physician or practitioner of midwifery, or should no other person be present, the mother, to report its birth to the Commissioner of Health, to be made known to the public, and any such person or persons who shall neglect to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53/57

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 1959

4. Place of Birth, (Street and Number) 414 W. Ann St.

5. Full Name of Mother, Pauline Schuppeli

6. Mother's Maiden Name, Pauline Becker

7. Mother's Birthplace, Germany

8. Full Name of Father, Fritz W. Schuppeli

9. Father's Occupation, Lithographer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Charles H. A. Heyer M.D.

Address, 1019 W. Caroline St.

Remarks, _____

1 3 2 3 0 0 5 2 5 4

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)—

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, 19

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, 12

Address,

Remarks.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as possible the name and occupation of its parents, the date and place of birth, and the sex, color, and race of the child, and shall be signed by the practitioner in the form of certificate in case the birth of any child shall occur without the attendance of a physician, or should no other person be in attendance upon the mother, immediately after it shall become the duty of the person or persons of whom the child is reported to the practitioner of health, in the manner and within the time specified in this section, to report its birth to the practitioner of health, and to report its parents who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53153

CERTIFICATE CORRECTED 10-11-36

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Alma Ruth Kimball
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5, 6
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 1st, 1894
4. Place of Birth, (Street and Number) Thomas E. No. 944
5. Full Name of Mother, Mrs. Helen Kimball
6. Mother's Maiden Name, Robinson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Robert Kimball
9. Father's Occupation, Black Man
10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other person who makes this Return, Marceline Schweg
Address, Lat. Ely No. 434
Remarks, _____

18930005258

RETURN OF A BIRTH 53164

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race).

3. *Date of Birth,*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother,*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation.*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

pregnator of each birth, and placing under the same an official seal, and to maintain a list of the births which have occurred under his or her care during the year, and to furnish a copy of such list to the Commissioner of Health. This schedule shall be so made up that the child, if any, shall have its name, sex, color, date of birth, the date and place of birth, and the month, day, and year of its death, and the name of the physician, and the name of the physician in the form of a certificate between the first and second columns of the schedule, and the name of the physician in the form of a certificate between the first and second columns of the schedule shall be delivered, duly signed and attested, to the Commissioner of Health. In case the birth of any child be in the third year of each and every month of the year, the physician or practitioner of midwifery, or midwife, or person or persons, who are in attendance upon the mother, immediately thereunto, it shall become the duty of the physician or practitioner of midwifery, or midwife, or person or persons, to report its birth to the Commissioner of Health, comply with the provisions of this section shall be subject to a fine of not less than ten dollars nor more than fifty dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Remarks, *Please send SACRED Envelopes*

RETURN OF A BIRTH. 53155 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) white

3. Date of Birth, Jan'y 30th 1894

4. Place of Birth, (Street and Number) 1810 Lovegrove alley

5. Full Name of Mother, Catherine O'Connor

6. Mother's Maiden Name, Catherine Clark

7. Mother's Birthplace, England

8. Full Name of Father, Francis O'Connor

9. Father's Occupation, Laborer

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Geo. W. Hamill M.D.

Address, 327 E. North ave

Remarks,

1894 0005260

register of such birth, and shall enter the same on blank schedule, to be furnished by the commissioner of health, and shall set forth as far as the same can be ascertained, the full name and occupation of the mother, the sex, color, the full name and occupation of the father, the date and place of birth, and the date of delivery, and shall be delivered, duly signed by the practitioner in the presence of the parents, to the commissioner of health, on or before the third day of the next month to the office of the Commissioner of Health, or should no birth of any child attend upon the mother, immediately upon the birth of the child, the practitioner shall report to the commissioner of health, in writing, the date and place of birth of the child, and the name and occupation of the father, and the name and occupation of the mother, and shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53156

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) *Second child*
1. Sex, (state whether male or female) *Male*
2. Race or Color, (if not of the white race) *White*
3. Date of Birth, *Jan. 20 1894*
4. Place of Birth, (Street and Number) *2424 E. Baer St.*
5. Full Name of Mother, *Mrs. L. J. Weber*
6. Mother's Maiden Name, *L. Jefferson*
7. Mother's Birthplace, *Ohio*
8. Full Name of Father, *Rev. A. S. Weber*
9. Father's Occupation, *Minister*
10. Father's Birthplace, *Pa*
Name of Medical Attendant, or other person who makes this Return, *Rev Mansfield M. D*
Address, *129 S Broadway*
Remarks, _____

1 8 9 3 0 0 0 5 2 6 1

RETURN OF A BIRTH. 53159

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.
Charles K. Marx

Charles K. Marshall
Second -

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Heals -

1. Sex, (state whether male or female).

White

2. Race or Color, (if not of the white race)-

Jan. 20, 1894 -

3. *Date of Birth,*

1010 N Stricker St

4. *Place of Birth, (Street and Number)*

Ursula Marshall

5. *Full Name of Mother,*

11 *Gallery*

6. *Mother's Maiden Name,*

Baltimore, Md

7. *Mother's Birthplace.*

Samuel L. Marshall

8. *Full Name of Father,*

Ernting 1844 -

9. *Father's occupation*

Kentucky -

10. *Father's Birthplace,*

at Walbrook, N. E.

Name of Medical Attendant, or other person who makes this Return.

7. 1906
in Carey St.

Address,

CONFIDENTIAL- 5-13-52

Remarks,

L. YW.

8934005-26

[illegible]

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain the name of the child, the date and place of birth; and the month, and shall set out, in full, the name and occupation of the mother, in the form of a certificate between the first and third day of each and every month for a period of twelve months, of the Commissioner of Health. In case the child shall occur without the attendance of a physician or practitioner of midwifery, of the person or persons in attendance on the birth, the Commissioner of Health shall immediately thereafter, it shall be necessary, and within the period above required, and any such person or persons who shall hereafter be found to have failed to comply with the provisions of this section, shall be liable to a fine of ten (\$10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 53160

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second child
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Jan. 21 1894
4. Place of Birth, (Street and Number) 227 N. Fair Pl. Co.
5. Full Name of Mother, J. M. Horner
6. Mother's Maiden Name, A. M. Eisenbaum
7. Mother's Birthplace, Barroco Co. Md.
8. Full Name of Father, Wm. Horner
9. Father's Occupation, clerk
10. Father's Birthplace, Pa.
Name of Medical Attendant, or other person who makes this Return. R. W. Mansfield, M.D.
Address, 129 Broadway
Remarks, —

0930005265

register of such births, and shall cause to be kept a list of the births which have occurred under his or her care during the month, and shall file the same with the Registrar of Births, and shall also file a copy of the same with the Registrar of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall file the same with the Registrar of Births, and shall also file a copy of the same with the Registrar of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall file the same with the Registrar of Births, and shall also file a copy of the same with the Registrar of Health.

RETURN OF A BIRTH. 53/63

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 12 1894

4. Place of Birth, (Street and Number) 237 N. Patterson Pk. Rd.

5. Full Name of Mother, Mary E. Jones

6. Mother's Maiden Name, Martha E. Williams

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Thomas Jones

9. Father's Occupation, Carpenter

10. Father's Birthplace, Waycross County, Ga.

Name of Medical Attendant, (if other person who makes this Return, Wm. H. Patterson

Address, 237 N. Patterson Pk. Rd.

Remarks,

1 8 9 3 0 0 0 5 2 6 8

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race).

3. *Date of Birth.*

4. *Place of Birth, (Street and Number)*

5. *Full Name of Mother.*

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father.*

9. *Father's Occupation,*

10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

2 9 3 0 0 0 5 2 6 9

CERTIFICATE OF CAMERA OPERATOR

I HEREBY CERTIFY THAT THE DOCUMENTS REPRESENTED BY THE
MICROPHOTOGRAPHS APPEARING ON THIS ROLL OF FILM DESIGNATED
AS REEL No. 1734A WERE PHOTOGRAPHED BY THE UNDERSIGNED
ON THIS DATE.

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REEL ENDS WITH 1893-005269

BY Linda J. Waller
(SIGNATURE OF OPERATOR)

DATE 8/15/78